


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90045 047 \*\*\*\*61.25

<b>DOCUMENT # N96000001717</b> 1. Entity Name <b>A BRIGHTER DAY OF PINELLAS COUNTY, INC.</b>					
Principal Place of Business <b>5960 CENTRAL AVENUE</b> <b>H</b> <b>ST PETERSBURG, FL 33707 US</b>			Mailing Address <b>5960 CENTRAL AVENUE</b> <b>H</b> <b>ST PETERSBURG, FL 33707 US</b>		
2. Principal Place of Business <b>6981 FIRST AVE N</b> Suite, Apt. #, etc.			3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.		
City & State <b>ST PETERS FL</b>			City & State <b>ST PETERS FL</b>		
Zip <b>33710</b>		Country <b>USA</b>		4. FEI Number <b>59-3371145</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>D &amp; B CORPORATE SERVICES, INC.</b> <b>5999 CENTRAL AVE, SUITE 202</b> <b>ST PETERSBURG, FL 33710</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GERDES, CHARLES</b> <b>770 2ND AV S</b> <b>SAINT PETERSBURG, FL 33701</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ADAIR, JACK</b> <b>4271 14TH WAY NE</b> <b>SAINT PETERSBURG, FL 33703</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MIERES, ANNA</b> <b>14032 SHADY SHORES DR</b> <b>TAMPA, FL 33613</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MCKAY, JIM</b> <b>201 PINELLAS WAY</b> <b>SAINT PETERSBURG, FL 33710</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEIFRIED, E WAYN</b> <b>6985 1ST AVE NO</b> <b>SAINT PETERSBURG, FL 33710</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAT SEIFRIED</b> <b>SD</b> <b>6981 FIRST AVE N</b> <b>ST PETERSBURG FL 33710</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>1/30/06</b> Daytime Phone # _____					