

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001717

FILED
Mar 11, 2009
Secretary of State

Entity Name: A BRIGHTER DAY OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

6985 FIRST AVE N
SAINT PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

6985 1ST AVE N.
ST PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-3371145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D & B CORPORATE SERVICES, INC.
5999 CENTRAL AVE, SUITE 202
ST PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GERDES, CHARLES
Address: 770 2ND AV S
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VPD () Delete
Name: ADAIR, JACK
Address: 4271 14TH WAY NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SD () Delete
Name: SEIFRIED, PAT
Address: 6981 FIRST AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: TD () Delete
Name: MCKAY, JIM
Address: 201 PINELLAS WAY
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES GERDES

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date