

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000002685

1. Entity Name

PYCC COUNCIL, INC.



Principal Place of Business

2201 PASADENA PLACE
GULFPORT FL 33707
US

Mailing Address

C/O ANDREW J GILL
5950 PELICAN BAY PLAZO SUITE 1101A
GULFPORT FL 33707
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3382970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACON, DAVID A
2959 1ST AVENUE NORTH
SAINT PETERSBURG FL 33713-0682

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Andrew J Gill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

1/29/07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PERONI, LARRY	
STREET ADDRESS	2201 PASADENA PLACE	
CITY- ST- ZIP	GULFPORT FL 33707	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILL, ANDREW J	
STREET ADDRESS	5950 PELICAN BAY PLAZA	
CITY- ST- ZIP	GULFPORT FL 33707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMPBELL, CLAUDIA	
STREET ADDRESS	7930 SUN ISLAND S #304	
CITY- ST- ZIP	SAINT PETERSBURG FL 33706	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEATING, EDMUND	
STREET ADDRESS	6228 PASADENA PT BLVD	
CITY- ST- ZIP	GULFPORT FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICKLAS, HARRY	
STREET ADDRESS	6 PARADISE LANE	
CITY- ST- ZIP	SAINT PETERSBURG FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPPOS, GEORGE	
STREET ADDRESS	5940 PELICAN BAY PLAZA, #702B	
CITY- ST- ZIP	GULFPORT FL 33707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000611627
CITY- ST- ZIP	02/02/07-80070-026 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:

Andrew J Gill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28/07

727-381-0068