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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004199 (3)

1. Corporation Name

COUNCIL OF SERVICE ORGANIZATIONS OF UPPER PINELL
AS, INC.

Principal Place of Business

Mailing Address

C/O THE LONG CENTER
1501 N. BELCHER RD. STE 225
CLEARWATER FL 34625C/O THE LONG CENTER
1501 N. BELCHER RD. STE 225
CLEARWATER FL 34625-13393. Date Incorporated or Qualified
08/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

b. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREDBERG, DONALD G
1961 SEVER DRIVE
CLEARWATER FL 34624

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETENAME MELKONIAN, DODGE
STREET ADDRESS 2712 REDFORD COURT
CITY-ST-ZIP CLEARWATER FL 34621TITLE V ☒ DELETENAME BOLSTER, E. RICHARD
STREET ADDRESS 415 HARBOR VIEW LANE
CITY-ST-ZIP LARGO FL 34640TITLE V ☐ DELETENAME MORSON, BETTY J
STREET ADDRESS 1436 BYRAM DRIVE
CITY-ST-ZIP CLEARWATER FL 34615TITLE S ☐ DELETENAME POSTON, JANE H
STREET ADDRESS 1027 DOGWOOD DRIVE
CITY-ST-ZIP DUNEDIN FL 34698TITLE D ☐ DELETENAME BREDBERG, DONALD G
STREET ADDRESS 1961 SEVER DRIVE
CITY-ST-ZIP CLEARWATER FL 34624TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE P ☒ Change ☐ Addition1.2 NAME BOLSTER, E. RICHARD
1.3 STREET ADDRESS 415 HARBOR VIEW LANE
1.4 CITY-ST-ZIP LARGO, FL. 346402.1 TITLE V ☐ Change ☒ Addition2.2 NAME JUDY PRICE
2.3 STREET ADDRESS 606 THIRD STREET NORTH
2.4 CITY-ST-ZIP SAFETY HARBOR, FL. 346953.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE D ☐ Change ☒ Addition4.2 NAME HOWARD WARD
4.3 STREET ADDRESS 2329 LORENA LANE
4.4 CITY-ST-ZIP CLEARWATER, FL. 346255.1 TITLE D ☐ Change ☒ Addition5.2 NAME DODGE MELKONIAN
5.3 STREET ADDRESS 2712 REDFORD COURT
5.4 CITY-ST-ZIP CLEARWATER, FL. 346216.1 TITLE T ☐ Change ☒ Addition6.2 NAME CARL R. LEIBY
6.3 STREET ADDRESS 2287 PHILIPPINE DR. #67
6.4 CITY-ST-ZIP CLEARWATER, FL. 34623

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97

(813) 591-3861

Date Daytime Phone # 0087706

CR2E037 (9/96)