

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 10 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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 34625

C/O THE LONG CENTER
1501 N. BELCHER RD. STE 225
CLEARWATER FL 34625

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/12/1996

4. FEI Number

59-3404606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name CARL R. LEIBY

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

2287 PHILIPPINE DR. #67

83

84 City CLEARWATER

FL

85

Zip Code 33763

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

TITLE D ☐ DELETE

NAME WARD, HOWARD
STREET ADDRESS 2329 LORENA LANE
CITY-ST-ZIP CLEARWATER FL 34625

TITLE D ☐ DELETE

NAME MELKONIAN, DODGE
STREET ADDRESS 2712 REDFORD COURT
CITY-ST-ZIP CLEARWATER FL 34621

TITLE V ☐ DELETE

NAME MORSON, BETTY J.
STREET ADDRESS 1436 BYRAM DRIVE
CITY-ST-ZIP CLEARWATER FL 34615

TITLE S ☐ DELETE

NAME POSTON, JANE H
STREET ADDRESS 1027 DOGWOOD DRIVE
CITY-ST-ZIP DUNEDIN FL 34698

TITLE D ☒ DELETE

NAME BREDBERG, DONALD G
STREET ADDRESS 1961 SEVER DRIVE
CITY-ST-ZIP CLEARWATER FL 34624

TITLE P ☐ DELETE

NAME BOLSTER, RICHARD E
STREET ADDRESS 415 HARBOR VIEW LANE
CITY-ST-ZIP LARGO FL 34640

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE TREASURE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

Carl R. Leiby

9/2/98

091-2261

CR2E037 (10/97)