

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90091 015 ****61.25

DOCUMENT # N96000004199

1. Entity Name

**COUNCIL OF SERVICE ORGANIZATIONS OF UPPER
PINELLAS, INC.**



Principal Place of Business

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

Mailing Address

**2287 PHILIPPINE DR APT 67
CLEARWATER FL 33763**

24004036



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3404606

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEIBY, CARL R
2287 PHILIPPINE DR
#67
CLEARWATER FL 33763**

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

Carl R. Leiby

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	D	<input checked="" type="checkbox"/> Delete
NAME	WARD, HOWARD	
STREET ADDRESS	2329 LORENA LANE	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELKONIAN, DODGE	
STREET ADDRESS	2712 REDFORD COURT	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARIAN, RAYMOND	
STREET ADDRESS	1498 FAIRWAY DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	S	<input type="checkbox"/> Delete
NAME	POSTON, JANE H	
STREET ADDRESS	1027 DOGWOOD DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEIBY, CARL R	
STREET ADDRESS	2287 PHILIPPINE DR #67	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	ZVP	<input type="checkbox"/> Delete
NAME	GREINER, JIM	
STREET ADDRESS	2113 POINCIANA TER	
CITY-ST-ZIP	CLEARWATER FL 33760	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUG WILLIAMS	
STREET ADDRESS	2544 FRISCO DR.	
CITY-ST-ZIP	CLEARWATER, FL 33761-3920	
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 exemption stated in Section 119.07(3)(i), 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 or without other like empowered.

SIGNATURE:

Carl R. Leiby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04

Date

922-791-3861

Daytime Phone #