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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000446

1. Corporation Name

PINELLAS WORKFORCE DEVELOPMENT BOARD, INC.

Principal Place of Business

13770 - 58TH STREET, NORTH
CLEARWATER FL 34620

Mailing Address

13770 - 58TH STREET, NORTH
CLEARWATER FL 34620



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 312

23 City & State

24 Zip 33760 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 312

28 City & State

29 Zip 33760 30 Country

3. Date Incorporated or Qualified

01/23/1998

4. FEI Number
59-3485629

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

9. Name and Address of Current Registered Agent

BAPTIST, BRUCE
13770 - 58TH STREET, NORTH
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name

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

83 Suite 312

84 City

FL 85 Zip Code
33760

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CBD
WELCH, DAVID T
1601 - 16TH STREET, SOUTH
ST. PETERSBURG FL 33705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RHOADS, SHARON C
6551 CENTRAL AVENUE
ST. PETERSBURG FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RICARDO, RONALD M
13770 - 58TH STREET, NORTH
CLEARWATER FL 34620

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
LANG, JOE
669 1ST AVENUE, NORTH
ST. PETERSBURG FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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
1401 Court Street
Clearwater, FL 33756

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
VCD
Earnest Williams
616 4th Street North
St. Petersburg, FL 33701

5.1 TITLE ☐ 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, with all other like empowered.

SIGNATURE: *Bruce Baptist*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-99 727-524-4344
Date Daytime Phone #

CR2E037 (1/98)