

DOCUMENT # N98000000446

1. Entity Name

PINELLAS WORKFORCE DEVELOPMENT BOARD, INC.

FILED  
Jun 05, 2000 8:00 am  
Secretary of State

04-21-2000 90178 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

13770 - 58TH STREET, NORTH  
CLEARWATER FL 34620

13770 - 58TH STREET, NORTH  
CLEARWATER FL 33760-3759

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 312

Suite 312

City & State

City & State

Zip

Country

Zip

Country

33760

6. Name and Address of Current Registered Agent

4. FEI Number

59-3485629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

BAPTIST, BRUCE

13770 - 58TH STREET, NORTH, Suite 312  
CLEARWATER FL 34620 33760

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.

SIGNATURE n/a

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10.

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CBD	WELCH, DAVID T	1601 - 16TH STREET, SOUTH	ST. PETERSBURG FL 33705	<input type="checkbox"/>
SD	RHOADS, SHARON C	6551 CENTRAL AVENUE	ST. PETERSBURG FL 33710	<input type="checkbox"/>
TD	RICARDO, RONALD M	1401 COURT STREET	CLEARWATER FL 33756	<input checked="" type="checkbox"/>
VCD	WILLIAMS, EARNEST	616 4TH STREET NORTH	ST. PETERSBURG FL 33701	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
T	Welch, David T.	1601 16th Street So.	St. Petersburg, FL 33705	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VC	Rhoads, Sharon C.	6551 Central Avenue	St. Petersburg, FL 33710	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Lang, Joseph	669 1st Avenue North	St. Petersburg, FL 33701	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C	Williams, Earnest	616 4th Street No.	St. Petersburg, FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-524-4356

Daytime Phone #

CR2E037 (9/99)