

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90025 019 ****61.25

DOCUMENT # N98000005787					
1. Entity Name PINELLAS PLANT COMMUNITY REUSE ORGANIZATION, INC.					
Principal Place of Business 7887 BRYAN DAIRY RD STE 150 LARGO, FL 33777			Mailing Address 7887 BRYAN DAIRY RD STE 150 LARGO, FL 33777		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01292004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3530180				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASTORO, WILLIAM M 7887 BRYAN DAIRY ROAD STE 150 LARGO, FL 33777			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE C	NAME CASTORO, WILLIAM M STREET ADDRESS 9136 OAKWOOD LN -UNIT 20-B CITY-ST-ZIP SEMINOLE, FL 33776		<input type="checkbox"/> Delete		
TITLE DP	NAME DANZEY, J. EUGENE STREET ADDRESS 5918 BAHAMA SHORES DR S. CITY-ST-ZIP SAINT PETERSBURG, FL 33705		<input type="checkbox"/> Delete		
TITLE D	NAME HALL, CHARLES K STREET ADDRESS 9890 131ST ST CITY-ST-ZIP SEMINOLE, FL 33776		<input checked="" type="checkbox"/> Delete		
TITLE D	NAME RAINEY, CHARLES E STREET ADDRESS 2785 KIPPS COLONY DR #305 CITY-ST-ZIP SAINT PETERSBURG, FL 33707		<input type="checkbox"/> Delete		
TITLE DST	NAME WILLIAMS, LARRY J STREET ADDRESS 400 -12TH AVE N CITY-ST-ZIP SAINT PETERSBURG, FL 33701		<input type="checkbox"/> Delete		
TITLE DVP	NAME ALDERMAN, L.L. STREET ADDRESS 610 RIVERSIDE DR CITY-ST-ZIP TARPON SPRINGS, FL 34689		<input checked="" type="checkbox"/> Delete		
TITLE D	NAME Hines, Andrew H. STREET ADDRESS 2495 Colony Point Road CITY-ST-ZIP St. Petersburg, FL 33705		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE Advisor	NAME Sacco, Paul S. STREET ADDRESS 2110 College Drive CITY-ST-ZIP Clearwater, FL 33764		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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 all other like empowered.					
SIGNATURE: _____		2-15-04 (227) 541-8080			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Phone #			