
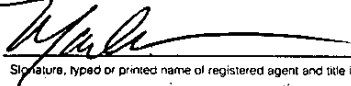
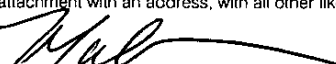


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2006 8:00 am**  
**Secretary of State**

09-01-2006 90003 005 \*\*\*\*61.25

DOCUMENT # N99000002680					
1. Entity Name PINELLAS COUNTY LAW ENFORCEMENT CHARITIES, INC.					
Principal Place of Business 14450 46TH STREET NORTH SUITE 115 CLEARWATER, FL 33762			Mailing Address 14450 46TH STREET NORTH SUITE 115 CLEARWATER, FL 33762		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3581556	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PERRONE, ANTHONY 14450 46TH STREET NORTH SUITE 115 CLEARWATER, FL 33762				Name <b>Mark Deasaro</b> Street Address (P.O. Box Number is Not Acceptable) <b>14450-46 ST N #115</b> City <b>Clearwater</b> FL <b>33762</b>	
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 				Mark Deasaro, President 8/24/06	
Filing Fee is \$61.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEASARO, MARK		NAME		
STREET ADDRESS	14450 46TH STREET N STE 115		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRUNETTO, PHIL		NAME	Ronnie Thomas	
STREET ADDRESS	14450 46TH STREET N STE 115		STREET ADDRESS	14450-46 ST N #115	
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP	Clearwater FL 33762	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEATH, TERRY		NAME	Joe Lehmann	
STREET ADDRESS	14450 46TH STREET N STE 115		STREET ADDRESS	14450-46 ST N #115	
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP	Clearwater FL 33762	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CORBET, STEVE		NAME	Mark Marland	
STREET ADDRESS	14450 46TH STREET N STE 115		STREET ADDRESS	14450-46 ST N #115	
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP	Clearwater FL 33762	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOLEDO, RUBEN		NAME	Traci Reid	
STREET ADDRESS	14450 46TH STREET N STE 115		STREET ADDRESS	14450-46 ST N #115	
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP	Clearwater FL 33762	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Michael Krohn	
STREET ADDRESS			STREET ADDRESS	14450-46 ST N #115	
CITY-ST-ZIP			CITY-ST-ZIP	Clearwater FL 33762	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Mark Deasaro 8/24/06 727-532-1722		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		