

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002680

FILED
Apr 30, 2007
Secretary of State

Entity Name: PINELLAS COUNTY LAW ENFORCEMENT CHARITIES, INC.

Current Principal Place of Business:

14450 46TH STREET NORTH
SUITE 115
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

14450 46TH STREET NORTH
SUITE 115
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-3581556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEASARO, MARK
14450 46TH ST N
SUITE 115
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEASARO, MARK
Address: 14450 46TH STREET N STE 115
City-St-Zip: CLEARWATER, FL 33762

Title: VD () Delete
Name: THOMAS, RONNIE
Address: 14450 46TH ST N #115
City-St-Zip: CLEARWATER, FL 33762

Title: VD () Delete
Name: LEHMANN, JOE
Address: 14450 46TH STREET N STE 115
City-St-Zip: CLEARWATER, FL 33762

Title: T () Delete
Name: MARLAND, MARK
Address: 14450 46TH STREET N STE 115
City-St-Zip: CLEARWATER, FL 33762

Title: S () Delete
Name: REID, TRACI
Address: 14450 46TH STREET N STE 115
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: KROHN, MICHAEL
Address: 14450 46TH STREET N STE 115
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL I KROHN

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date