

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715269

FILED
Feb 17, 2014
Secretary of State
CC4178850709

Entity Name: PINELLAS OPPORTUNITY COUNCIL, INC.

Current Principal Place of Business:

501 FIRST AVENUE NORTH,
SUITE 517
ST. PETERSBURG, FL 33701

Current Mailing Address:

501 FIRST AVENUE NORTH,
SUITE 517
ST. PETERSBURG, FL 33701 US

FEI Number: 59-1227051

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KING, CAROLYN W
10116 CARAWAY SPICE AVENUE
RIVERVIEW, FL 33578 US

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

Officer/Director Detail :

Title PRES
Name HOGANS, LINDA
Address 6605 5TH AVE N. #AD209
City-State-Zip: ST PETERSBURG FL 33711

Title VPRE
Name TRACY, JAN
Address 1006 WYNDAM WAY
City-State-Zip: SAFETY HARBOR FL 34695

Title SECT
Name RENTZ, PEARL
Address 1025 15TH AVE, S
City-State-Zip: SAINT PETERSBURG FL 33705

Title DIRECTOR
Name JOHNSON, CYNTHIA
Address 15624 EASTBOURN DR
City-State-Zip: ODESSA FL 33556

Title DIRECTOR
Name BREUNIG, BOBETTE
Address 508 WALTON VILLAGE WAY
City-State-Zip: TARPON SPRINGS FL 34689

Title TREA
Name HUDOCK, AMY E
Address 1488 CAIRN COURT
City-State-Zip: SAFETY HARBOR FL 34683

Title DIRECTOR
Name CRABBE, JEANETTE
Address 2038 SAN SEBASTION WAY S
City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR
Name LANIER, JOAN
Address 7760 45TH ST N
City-State-Zip: PINELLAS PARK FL 33781

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I hereby 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 all other like empowered.

SIGNATURE: CAROLYN W. KING

EXECUTIVE DIRECTOR

02/17/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name OJAH-MAHARAJ, SHRIMATEE
Address ONE 4TH STREET N
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name RIVAS, JOYCE
Address 1030 BELLAS SOL WAY
City-State-Zip: APOLLO BEACH FL 33572

Title DIRECTOR
Name HENJES, NELLY
Address 1436 CANTERBURY DRIVE
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name KICKLIGHTER, ALMA
Address 2137 19TH STREET S
City-State-Zip: ST PETERSBURG FL 33712

Title DIRECTOR
Name DUBLIN, MICHELLE
Address 1619 N WASHINGTON AVE
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR
Name DOANE, PATRICIA
Address 7700 66TH STREET N
#408
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR
Name VALENTI, PAUL
Address 1230 GULF BLVD
APT 1404
City-State-Zip: CLEARWATER FL 33767

Title DIRECTOR
Name HAYWARD, BETTY
Address 5234 DR MLK JR ST S
City-State-Zip: ST PETERSBURG FL 33705

Title DIRECTOR
Name WILLIAMS, ROB JR.
Address 6704 21ST WAY S
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR
Name DUDLEY, FRED
Address 440 4TH AVE N
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name NELSON, BRENDA
Address 1719 40TH ST S
City-State-Zip: ST PETERSBURG FL 33711

Title CEO
Name KING, CAROLYN W
Address 10116 CARAWAY SPICE AVENUE
City-State-Zip: RIVERVIEW FL 33578