## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 715269** 

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:

SAWYER, PATRICIA L 501 1ST AVE N STE 517 ST PETERSBURG, FL 33701 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

**FILED** Feb 14, 2024

Secretary of State

9286279590CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name JEAN-BAPTISTE, KERON Name OJAH-MAHARAJ, SHRIMATEE

10556 INDIAN HILLS CT ONE 4TH STREET N Address Address

City-State-Zip: SEMINOLE FL 33777 City-State-Zip: ST PETERSBURG FL 33701

CFO Title CEO Title

Name VAUGHAN, ALONDA F SAWYER, PATRICIA L Name Address 12638 LONGCREST DR 501 1ST AVE N Address

STE 517 City-State-Zip: RIVERVIEW FL 33579

City-State-Zip: ST PETERSBURG FL 33701

Title **DIRECTOR** Title **TREASURER** Name AJOC, SUSAN DALEY, JENNIFER Name Address P.O. BOX 2842

1130 YALE ST S Address

City-State-Zip: ST. PETERSBURG FL 33731 ST. PETERSBURG FL 33712 City-State-Zip:

Title **SECRETARY** Title **DIRECTOR** 

MILLS, JACQUELINE Name CLEVELAND, STEVE Name 1158 3RD AVENUE N. Address

348 BAHIA VISTA DRIVE Address ST. PETERSBURG FL 33705 City-State-Zip:

City-State-Zip: INDIAN ROCK BEACH FL 33785

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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: ALONDA VAUGHAN

DIRECTOR OF **ADMINISTRATION**  02/14/2024

## Officer/Director Detail Continued:

Title PRESIDENT

Name KYLE, MARTIN G

Address 1560 CENTRAL AVE

**UNIT 470** 

City-State-Zip: ST PETERSBURG FL 33705

Title DIRECTOR

Name PEER, SHAWNA

Address 320 8TH AVENUE S

City-State-Zip: ST. PETERSBURG FL 33711

Title DIRECTOR

Name MUHAMMAD, BROTHER JOHN

Address PO BOX 530903

City-State-Zip: ST. PETERSBURG FL 33747

Title DIRECTOR

Name DAY, KIAWANDRA

Address 1230 UPTON COURT S

City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR

Name SINGLETON, MICHELLE Address 1619 WASHINGTON AVE

City-State-Zip: CLEARWATER FL 33755

Title VP

Name YOUNG, PYE

Address 4849 CENTRAL AVE

City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR

Name TRICE, MONIQUE

Address 4278 BEXLEY VILLAGE DRIVE City-State-Zip: LAND O LAKES FL 34638