

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26994

Entity Name: PINELLAS COUNTY HOMELESS LEADERSHIP BOARD, INC.**Current Principal Place of Business:**647 1ST AVE. N.
2ND FLOOR
ST. PETERSBURG, FL 33701**Current Mailing Address:**647 1ST AVE. N.
2ND FLOOR
ST. PETERSBURG, FL 33701 US**FEI Number:** 59-2935116**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MYERS, SUSAN D
647 1 AVE N 2 FLOOR
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

Officer/Director Detail :

Title	CH
Name	FOSTER, AMY
Address	647 1ST AVE. N. 2ND FLOOR
City-State-Zip:	ST. PETERSBURG FL 33701

Title	1VCH
Name	PETERSEN, CARLEN
Address	647 1ST AVE. N. 2ND FLOOR
City-State-Zip:	ST. PETERSBURG FL 33701

Title	2VCH
Name	SEEL, KAREN
Address	647 1ST AVE. N. 2ND FLOOR
City-State-Zip:	ST. PETERSBURG FL 33701

Title	S
Name	ROWELL, VIRGINIA
Address	647 1ST AVE. N. 2ND FLOOR
City-State-Zip:	ST. PETERSBURG FL 33701

Title	T
Name	HOUGHTON, BETH
Address	647 1ST AVE. N. 2ND FLOOR
City-State-Zip:	ST. PETERSBURG FL 33701

Title	CEO
Name	MYERS, SUSAN D
Address	647 1ST AVE. N. 2ND FLOOR
City-State-Zip:	ST. PETERSBURG FL 33701

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: SUSAN D. MYERS

CEO

01/17/2017

Electronic Signature of Signing Officer/Director Detail

Date