


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

05-01-2003 90225 026 ****61.25

DOCUMENT # N02000006484

1. Entity Name
CHILDS PARK NEIGHBORHOOD AND CRIMEWATCH, INC.



Principal Place of Business
**4734 9TH AVENUE SOUTH
ST. PETE FL 33711
US**

Mailing Address
**4734 9TH AVENUE SOUTH
ST. PETE FL 33711
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

Country

Country

44005383

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SOTO, AL
863 3RD AVE NO
ST. PETE FL 33710**

4. FEI Number
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
Gregory R Pierce
Street Address (P.O. Box Number is Not Acceptable)
1735 Newark Street South South
City
St Petersburg FL Zip Code
33711

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 *Gregory R Pierce* DATE **7/3/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D LAMPLEY, ARMANDA 4734 9TH AVE SO ST. PETE FL 33711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D REECE, MILDRED 545 MADISON STREET SO. ST. PETE FL 33711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIELS, JULIA 4818 6TH AVE SOUTH ST. PETE FL 33711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D MC CALLISTER, GERRI 1355 40TH ST. SO. ST. PETE FL 33711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, D Gregory R Pierce 1735 Newark Street South St Petersburg FL 33711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED** *Gregory R Pierce* DATE **7/3/03** (727) 327-2799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)