
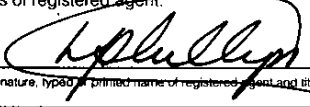
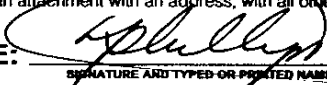


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90035 002 \*\*\*\*70.00

<b>DOCUMENT # N35303</b> 1. Entity Name <b>CENTRAL OAK PARK NEIGHBORHOOD ASSOCIATION OF ST. PETERSBURG, INCORPORATED</b>			
Principal Place of Business <b>4565 12TH AVE. NORTH ST. PETERSBURG, FL 33713 US</b>		Mailing Address <b>P O BOX 12702 ST PETERSBURG, FL 33733 US</b>	
2. Principal Place of Business - No P.O. Box # <b>4837 11th AVENUE NORTH</b>		3. Mailing Address <b>P.O. Box 12702</b>	
Suite, Apt. #, etc. <b>—</b>		Suite, Apt. #, etc. <b>—</b>	
City & State <b>ST PETERSBURG, FL</b>		City & State <b>ST PETERSBURG, FL</b>	
Zip <b>33713</b>	Country <b>US</b>	Zip <b>33733-2702</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent  <b>DEL PRETE, LOUIS A SR. 4565 12TH AVE. NORTH SAINT PETERSBURG, FL 33713</b>		7. Name and Address of New Registered Agent Name <b>LINDA Y. PHILLIPS</b> Street Address (P.O. Box Number is Not Acceptable) <b>4837 11th AVENUE NORTH</b> — City <b>ST PETERSBURG</b> <b>FL</b> Zip Code <b>33713</b>	
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  DATE <b>01/27/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A/P</b> <b>DEL PRETE, LOUIS A SR.</b> <b>4565 12TH AVE. NORTH</b> <b>SAINT PETERSBURG, FL 33713</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A/P</b> <b>LINDA Y. PHILLIPS</b> <b>4837 11th AVENUE NORTH</b> <b>ST PETERSBURG, FL 33713</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DELPRETE, LOUIS A SR.</b> <b>4565 12TH AVE N</b> <b>SAINT PETERSBURG, FL 33713</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KERRY CLAWSON</b> <b>4308 4th AVENUE SOUTH</b> <b>ST. PETERSBURG FL 33711</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SHERITAN, ISABEL</b> <b>4801 4TH AVE NORTH</b> <b>SAINT PETERSBURG, FL 33713</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SHERMAN, ISABEL</b> <b>4801 4th AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33713</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ALLUMS, PAT</b> <b>4063 2ND. AVE. NORTH</b> <b>SAINT PETERSBURG, FL 33713</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GRETCHEN MOOK</b> <b>4511 - 4th AVENUE NORTH</b> <b>ST. PETERSBURG FL 33713</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained 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 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.			
<b>SIGNATURE:</b> 		Date <b>01/27/07</b> Daytime Phone #	

40008499



01282007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2989110** Applied For  
Not Applicable

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