

142

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 21 AM 9:07


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/27/04 90035 029 \$70.00



**DOCUMENT # N98000004690**

1. Entity Name  
HIGH POINT COMMUNITY PRIDE, INC.



Principal Place of Business  
6399 142ND AVE N  
STE 116  
CLEARWATER, FL 33760

Mailing Address  
PO BOX 17296  
CLEARWATER, FL 33762

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

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

City & State

Zip Country Zip Country

12102004 REIN-NP CR2E099 (6/04)

4. FEI Number  
59-3529732

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GEORGE, RITA  
14698 63RD WAY N  
CLEARWATER, FL 33760

7. Name and Address of New Registered Agent

Name George Spain  
Street Address (P.O. Box Number is Not Acceptable)  
2111 62nd St. N. Apt. 904  
City Clearwater FL Zip Code 33760

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 George E. Spain Chairman 12-10-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$61.25**  
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GEORGE, RITA 14690 63RD WAY N CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRYDEN, ELIZABETH 14820 63RD WAY N APT A CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KASLER, MICHELE 15401 BEORGE BLVD CLEARWATER, FL 33760	<input checked="" 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
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	CD George Spain 2111 62nd St. N. apt. 904 Clearwater, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Joanne DeGarmo 1140 81st St. S. St. Petersburg, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRAN Lever 3726 Raintree Ct. Palm Harbor, FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman Jim Anderson 14733 Sunset St. Apt. A Clearwater, FL 33760	<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

**REINSTATEMENT 04**

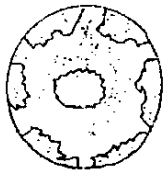
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: George E. Spain 12-10-04 (727) 219-1021  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

George E. Spain, chairman

2 of 2

Helping each other.  
G  
H  
People all around the world, live here.  
O  
I  
N  
The joining of all.



# High Point Neighborhood Family Center

High Point Community Pride, Inc. • P.O. Box 17296 • Clearwater, Florida 33762  
Office: 727-533-0730 • Fax: 727-524-8139



December 09, 2004

To: Whom it may concern;  
Florida Department of State Division of Corporations

From: Kim Almeida;  
High Point Community Pride, Inc.  
Neighborhood Family Center

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 DEC 21 AM 9:07

FILED

Dear Sir/Madam,

One of our Board members recently went online and discovered that our Annual Report was not "filed". Please note that back in July we had sent in the form along with the annual \$61.25 fee and the additional \$8.75 for the certificate. I am sending you a copy of the cancelled check for verification purposes. We are not quite sure of what happened between July and the present date, but if there is something else we need besides what I am sending in please let us know. I apologize for any delays or inconvenience this may have caused.

Respectfully,

*Kim Almeida*  
Kim Almeida,  
Administrative Assistant,  
High Point Community Pride,  
Neighborhood Family Center