

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 17, 2008
Secretary of State**

DOCUMENT# N98000004690

Entity Name: HIGH POINT COMMUNITY PRIDE, INC.

Current Principal Place of Business:

6399 142ND AVE N
STE 116
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

PO BOX 17296
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-3529732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHERKAS, BRUCE
4355 84TH AVE N
606
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CHERKAS, BRUCE
Address: 4355 84TH AVE N APT 606
City-St-Zip: PINELLAS PARK, FL 33781

Title: TD () Delete
Name: DE GARMO, JOANNE
Address: 1160 81ST STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: SD () Delete
Name: LEVER, FRAN
Address: 3726 RAINTREE COURT
City-St-Zip: PALM HARBOR, FL 34865

Title: VC () Delete
Name: TAVAREZ, DAISY
Address: 14984 CROMWELL DR.
City-St-Zip: CLEARWATER, FL 33760

Title: DIR. () Delete
Name: ADAMS, MARGARET
Address: 2133 13TH AVE SW
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARGARET E. ADAMS

ED

03/17/2008

Electronic Signature of Signing Officer or Director

Date