

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91197 024 ****61.25

DOCUMENT # *1V98000007164*

1. Entity Name

CROMWELL HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1324 1/2 18TH AVE. SOUTH ST. PETERSBURG FL. 33705
 1324 1/2 18TH AVE. SOUTH ST. PETERSBURG FL. 33705

2. Principal Place of Business

3. Mailing Address

955-22ND AVE. SOUTH Suite, Apt. #, etc.
 955-22ND AVE. SOUTH Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

ST. PETERSBURG, FL.

ST. PETERSBURG, FL

4. FEI Number

59-3537015

Applied For

Not Applicable

Zip

Country

Zip

Country

33705 USA

33705 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HARDY, JASPER~~
~~1324 1/2 18TH AVE. SOUTH~~
~~ST. PETERSBURG, FL 33705~~

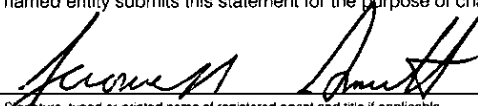
Name SCURRY, DONNA

Street Address (P.O. Box Number is Not Acceptable)
 955-22ND AVE. SOUTH

City ST. PETERSBURG FL Zip Code 33705

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.

SIGNATURE



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEES \$61.25
After September 12, 2001, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

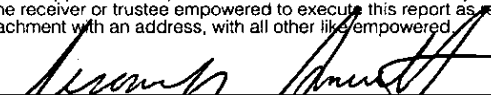
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HARDY, JASPER L	
STREET ADDRESS	1324 1/2 18TH AVE SO	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33705	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JEROME B	
STREET ADDRESS	1534 18TH AVE SO	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33705	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SIMPKINS, MARIE D	
STREET ADDRESS	2010 13TH ST SO	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JACKSON, JAMES E	
STREET ADDRESS	2127 14TH ST SO	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JEROME B	
STREET ADDRESS	1534 18TH AVE SO	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	VICE-PRESIDENT DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, KENNETH	
STREET ADDRESS	2045 SEMINOLE BLVD SO	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	1ST VICE-PRESIDENT DIST V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARHAM, ALMA	
STREET ADDRESS	1043 19TH AVE SO	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCURRY, DONNA DS	
STREET ADDRESS	955-22ND AVE SO ST. PETE FL 33705	
CITY-ST-ZIP		
TITLE	ASSN SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAVELEY, BRYAN	
STREET ADDRESS	1034 18TH AVE SO	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:



5/29/02

CR2E037 (5/01)