


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

|  |  |   |         |
|--|--|---|---------|
| <b>DOCUMENT # N98000007164</b><br>1. Entity Name<br><b>CROMWELL HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.</b> |  |  |         |
| Principal Place of Business<br>1324 1/2 18TH AVE. SOUTH<br>ST. PETERSBURG FL 33705                         | Mailing Address<br>955 22ND AVE SOUTH<br>ST. PETERSBURG FL 33705 |   |         |
| 2. Principal Place of Business   | 3. Mailing Address   |   |         |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |   |         |
| City & State   |  | City & State  |         |
| Zip  | Country  | Zip   | Country |



1st MOORE CR2E037 (10/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3537015</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>SCURRY, DONNA<br>955-22ND AVE SOUTH<br>ST. PETERSBURG FL 33705 | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |
|--|---|

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

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</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> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | 1V<br>PARHAM, ALMA              | TITLE   |  |
| NAME                       | 1043 19TH AVE S.                | NAME  |  |
| STREET ADDRESS             | SAINT PETERSBURG FL 33705       | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <input type="checkbox"/> Delete | CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE                      | S<br>SCURRY, DONNA              | TITLE   |  |
| NAME                       | 955-22ND AVE S.                 | NAME  |  |
| STREET ADDRESS             | SAINT PETERSBURG FL 33705       | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <input type="checkbox"/> Delete | CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE                      | AS<br>GRAVELEY, BRYAN           | TITLE   |  |
| NAME                       | 1034 18TH AVE S.                | NAME  |  |
| STREET ADDRESS             | SAINT PETERSBURG FL 33705       | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <input type="checkbox"/> Delete | CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE                      | DT<br>JACKSON, JAMES E          | TITLE   |  |
| NAME                       | 2127 14TH ST SO                 | NAME  |  |
| STREET ADDRESS             | SAINT PETERSBURG FL 33705       | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <input type="checkbox"/> Delete | CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE                      | DP<br>SMITH, JEROME B           | TITLE   |  |
| NAME                       | 1534 18TH AVE S.                | NAME  |  |
| STREET ADDRESS             | SAINT PETERSBURG FL 33705       | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <input type="checkbox"/> Delete | CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE                      | DV<br>JACKSON, KENNETH          | TITLE   |  |
| NAME                       | 2045 SEMINOLE BLVD S.           | NAME  |  |
| STREET ADDRESS             | SAINT PETERSBURG FL 33705       | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <input type="checkbox"/> Delete | CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: \_\_\_\_\_ DATE: **2/23/06**