

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007164

FILED
Apr 23, 2008
Secretary of State

Entity Name: CROMWELL HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

955 22ND AVE SOUTH
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3537015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCURRY, DONNA
955-22ND AVE SOUTH
ST. PETERSBURG, FL 33705 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: 1V () Delete
Name: PARHAM, ALMA
Address: 1043 19TH AVE S.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: S () Delete
Name: SCURRY, DONNA
Address: 955-22ND AVE S.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: AS () Delete
Name: GRAVELEY, BRYAN
Address: 1034 18TH AVE S.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DT () Delete
Name: JACKSON, JAMES E
Address: 2127 14TH ST SO
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DP () Delete
Name: SMITH, JEROME B
Address: 1534 18TH AVE S.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DV () Delete
Name: JACKSON, KENNETH
Address: 2045 SEMINOLE BLVD S.
City-St-Zip: SAINT PETERSBURG, FL 33705

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:

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: JEROME B. SMITH

DP

04/23/2008

Electronic Signature of Signing Officer or Director

Date