## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001292

FILED Apr 29, 2006 Secretary of State

Entity Name: NEW PHILADELPHIA COMMUNITY SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 15935

ST PETERSBURG, FL 33733

Current Mailing Address: New Mailing Address:

P O BOX 15935

ST PETERSBURG, FL 33733

FEI Number: 59-3051041 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAM, LORIAN S

2620 MIKSL TERR S

ST PETERSBURG, FL 33712 US

GASKIN, ARRON V

127 11TH AVE SW

LARGO, FL 33770 US

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: AARON V GASKIN 04/29/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 GASKIN, DON A
 Name:

 Address:
 2668 69TH AVE S
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33705
 City-St-Zip:

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

Name: WILLIAMS, LORIAN S Name: DAVIS, HELEN

Address: 2620 MIKOL TERR S Address: 2413 14TH AVE SO
City-St-Zip: ST PETERSBURG, FL 33172 City-St-Zip: ST PETERSBURG, FL 33172

Title: D ( ) Delete Title: FS (X) Change ( ) Addition

 Name:
 GASKIN, VICTORIA
 Name:
 CATO, FRANCES

 Address:
 2668 69TH AVE S
 Address:
 5700 GROVE ST SO

City-St-Zip: ST PETERSBURG, FL 33712 City-St-Zip: ST PETERSBURG, FL 33705

Title: SD () Delete Title: SECR (X) Change () Addition

 Name:
 BOLDEN, BARBARA
 Name:
 PETERSON, MARY

 Address:
 2440 SUNRISE DR SE
 Address:
 2668 69TH AVE SO

 City-St-Zip:
 ST PETERSBURG, FL 33705
 City-St-Zip:
 ST PETERSBURG, FL 33712

I hereby certify that the information supplied with this filing does not qualify for the 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: AARON V GASKIN ED 04/29/2006