

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001292

FILED
May 01, 2007
Secretary of State

Entity Name: NEW PHILADELPHIA COMMUNITY SERVICES, INC.

Current Principal Place of Business:

P O BOX 15935
ST PETERSBURG, FL 33733

New Principal Place of Business:

2668 69TH AVE SO
ST PETERSBURG, FL 33712

Current Mailing Address:

P O BOX 15935
ST PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 59-3051041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GASKIN, ARRON V
127 11TH AVE SW
LARGO, FL 33770 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: PD () Delete
Name: GASKIN, DON A
Address: 2668 69TH AVE S
City-St-Zip: ST PETERSBURG, FL 33705

Title: TD () Delete
Name: DAVIS, HELEN
Address: 2413 14TH AVE SO
City-St-Zip: ST PETERSBURG, FL 33172

Title: FS () Delete
Name: CATO, FRANCES
Address: 5700 GROVE ST SO
City-St-Zip: ST PETERSBURG, FL 33705

Title: SECR () Delete
Name: PETERSON, MARY
Address: 2668 69TH AVE SO
City-St-Zip: ST PETERSBURG, FL 33712

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:

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: DON GASKIN

PD

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date