


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State


DOCUMENT # N02000001292

1. Entity Name
NEW PHILADELPHIA COMMUNITY SERVICES, INC.



Principal Place of Business 2668 69TH AVE SO ST PETERSBURG, FL 33712	Mailing Address P O BOX 15935 ST PETERSBURG, FL 33733
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3051041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GASKIN, ARRON V
 127 11TH AVE SW
 LARGO, FL 33770**

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

DATE
06/02/08-80004-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GASKIN, DON A 2668 69TH AVE S ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DAVIS, HELEN 2413 14TH AVE SO ST PETERSBURG, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FS CATO, FRANCES 5700 GROVE ST SO ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR PETERSON, MARY 2668 69TH AVE SO ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Frances M. Cato* **4/29/08 (121) 327-8690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **Ext. 15**