

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001292

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: NEW PHILADELPHIA COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

2668 69TH AVE SO  
ST PETERSBURG, FL 33712

**New Principal Place of Business:**

**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 ( )

**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:**

GASKIN, AARON V  
2668 69TH AVE SO  
ST PETERSBURG, FL 33712 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

04/30/2009

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: AARON V GASKIN

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date