


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -2 PM 2:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N02000001292					
1. Entity Name NEW PHILADELPHIA COMMUNITY SERVICES, INC.					
Principal Place of Business 3529 1/2 22ND AVE S ST PETERSBURG, FL 33711			Mailing Address 3529 1/2 22ND AVE S ST PETERSBURG, FL 33711		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GILMORE, RICARDO L ESQUIRE ONE BARNETT PLAZA 101 E KENNEDY BLVD, STE 3200 TAMPA, FL 33602			Name <u>WILLIAMS, LORIAN J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2620 MIKOL TERRACE S</u> City <u>ST. PETERSBURG</u> FL Zip Code <u>33712</u>		
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 <u>Lorian J. Williams</u>				DATE <u>5/1/03</u>	
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GASKIN, DON A 2668 69TH AVE S ST PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	80001791668 05/02/03--0117--014 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NESBITT, EDWARD 4526 YARMOUTH AVE ST PETERSBURG, FL 33733	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, LORIAN S 2620 MIKOL TERR S ST PETERSBURG, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD WILLIAMS, LORIAN J.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2620 MIKOL TER S</u> <u>ST. PETERSBURG, FL 33712</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D GASKIN, VICTORIA</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>2668 69TH AVE S</u> <u>ST. PETERSBURG, FL 33712</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD BOLDEN, BARBARA</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>2440 SUNRISE DR SE</u> <u>ST. PETERSBURG, FL 33705</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D NESBITT, JO ANN</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>4526 YARMOUTH AVENUES</u> <u>ST. PETERSBURG, FL 33711</u>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Lorian J. Williams</u>				DATE <u>5/1/03</u> (727) 896-4566	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E037 (10/02)