

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

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90225 026 \*\*\*\*61.25

**DOCUMENT # N02000006484**

1. Entity Name

**CHILDS PARK NEIGHBORHOOD AND CRIMEWATCH, INC.**



Principal Place of Business

**4734 9TH AVENUE SOUTH  
ST. PETE FL 33711  
US**

Mailing Address

**4734 9TH AVENUE SOUTH  
ST. PETE FL 33711  
US**

**44005383**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOTO, AL  
863 3RD AVE NO  
ST. PETE FL 33710**

Name

**Gregory R Pierce**

Street Address (P.O. Box Number is Not Acceptable)

**1735 Newark Street South South**

City

**St Petersburg**

FL

Zip Code **33711**

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

*Gregory R Pierce*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/3/03**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **P, D** ☐ Delete  
NAME **LAMPLEY, ARMANDA**  
STREET ADDRESS **4734 9TH AVE SO**  
CITY-ST-ZIP **ST. PETE FL 33711**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP, D** ☐ Delete  
NAME **REECE, MILDRED**  
STREET ADDRESS **545 MADISON STREET SO.**  
CITY-ST-ZIP **ST. PETE FL 33711**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **DANIELS, JULIA**  
STREET ADDRESS **4818 6TH AVE SOUTH**  
CITY-ST-ZIP **ST. PETE FL 33711**

TITLE **Treasurer, D** ☐ Change ☒ Addition  
NAME **Gregory R Pierce**  
STREET ADDRESS **1735 Newark Street South**  
CITY-ST-ZIP **St Petersburg FL 33711**

TITLE **S, D** ☐ Delete  
NAME **MC CALLISTER, GERRI**  
STREET ADDRESS **1355 40TH ST. SO.**  
CITY-ST-ZIP **ST. PETE FL 33711**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

*Gregory R Pierce*  
Treasurer

**7/3/03 (727) 327-2799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)