


**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90050 036 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N04000002340			
1. Entity Name CLIFFORD HILL COMMUNITY OUTREACH CENTER, INC.			
Principal Place of Business 1303 E. NEW ORLEANS AVE. TAMPA, FL 33603		Mailing Address 1303 E. NEW ORLEANS AVE. TAMPA, FL 33603	
2. Principal Place of Business		3. Mailing Address P.O. Box 7713	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Tampa FL	
City & State		City & State	
Zip	Country	Zip	Country
		33673	U.S.A.
6. Name and Address of Current Registered Agent PRIDGEN, HELEN 1303 E. NEW ORLEANS AVE. TAMPA, FL 33603		7. Name and Address of New Registered Agent Name: Ovida Davis Street Address (P.O. Box Number is Not Acceptable): 811 E. Cayuga St. City: Tampa FL 33603	
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>Ovida G. Davis</u> DATE: <u>1-18-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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			
TITLE	D	<input type="checkbox"/> Delete	
NAME	DAVIS, OVIDA		
STREET ADDRESS	811 E. CAYUGA ST.		
CITY-ST-ZIP	TAMPA, FL 33603		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	PHILLIPS, LORRAINE		
STREET ADDRESS	4107 N. 9TH ST.		
CITY-ST-ZIP	TAMPA, FL 33603		
TITLE	D	<input type="checkbox"/> Delete	
NAME	PRIDGEN, HELEN		
STREET ADDRESS	1302 E. NEW ORLEANS AVE.		
CITY-ST-ZIP	TAMPA, FL 33603		
TITLE	D	<input type="checkbox"/> Delete	
NAME	WILBURN, JASON		
STREET ADDRESS	1223 E. NORTH BAY ST.		
CITY-ST-ZIP	TAMPA, FL 33603		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	1303 E. New Orleans Ave		
CITY-ST-ZIP	Tampa FL 33603		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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>Helen S. Pridgen</u>		DATE: <u>1-18-05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small> <u>813-842-4602</u>	

66002967



01182005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-1254337 Applied For  Not Applicable

6. Certificate of Status Desired  \$8.75 Additional Fee Required

1-18-05

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #