


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 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7713 Tampa FL																																																																													
City & State		City & State																																																																													
Zip	Country	Zip 33673	Country 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 State FL Zip Code 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><i>Ovida G. Davis</i></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 <u>Florida Department of State</u>																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> </thead> <tbody> <tr> <td style="width: 25%; padding: 2px;">TITLE NAME</td> <td style="width: 50%; padding: 2px;">D DAVIS, OVIDA <input type="checkbox"/> Delete</td> <td style="width: 25%; padding: 2px;">TITLE NAME</td> <td style="width: 25%; padding: 2px;">P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">811 E. CAYUGA ST.</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">TAMPA, FL 33603</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;">D PHILLIPS, LORRAINE <input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">4107 N. 9TH ST.</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">TAMPA, FL 33603</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;">D PRIDGEN, HELEN <input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;">VP, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1302 E. NEW ORLEANS AVE.</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1303 E. New Orleans Ave</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">TAMPA, FL 33603</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">Tampa FL 33603</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;">D WILBURN, JASON <input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1223 E. NORTH BAY ST.</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">TAMPA, FL 33603</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> </tbody> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE NAME	D DAVIS, OVIDA <input type="checkbox"/> Delete	TITLE NAME	P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	811 E. CAYUGA ST.	STREET ADDRESS		CITY-ST-ZIP	TAMPA, FL 33603	CITY-ST-ZIP		TITLE NAME	D PHILLIPS, LORRAINE <input checked="" type="checkbox"/> Delete	TITLE NAME		STREET ADDRESS	4107 N. 9TH ST.	STREET ADDRESS		CITY-ST-ZIP	TAMPA, FL 33603	CITY-ST-ZIP		TITLE NAME	D PRIDGEN, HELEN <input type="checkbox"/> Delete	TITLE NAME	VP, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	1302 E. NEW ORLEANS AVE.	STREET ADDRESS	1303 E. New Orleans Ave	CITY-ST-ZIP	TAMPA, FL 33603	CITY-ST-ZIP	Tampa FL 33603	TITLE NAME	D WILBURN, JASON <input type="checkbox"/> Delete	TITLE NAME		STREET ADDRESS	1223 E. NORTH BAY ST.	STREET ADDRESS		CITY-ST-ZIP	TAMPA, FL 33603	CITY-ST-ZIP		TITLE NAME		TITLE NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE NAME		TITLE NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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><i>Helen S. Pridgen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		DATE: <u>1-18-05</u> <small>Date</small>	TELEPHONE: <u>813-842-4602</u> <small>Daytime Phone</small>																																																																												

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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