

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010825

FILED
Apr 29, 2005
Secretary of State

Entity Name: CHRIS PARKER CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 428
PINELLAS PARK, FL 33780

New Principal Place of Business:

Current Mailing Address:

PO BOX 428
PINELLAS PARK, FL 33780

New Mailing Address:

FEI Number: 20-1912670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANNIS, NATALIE C ESQ
201 N FRANKLIN STREET SUITE 2000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARKER, WILLIAM L
Address: 5829 106TH TERRACE
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: FRICK, ELAINE
Address: 234 PINE RIDGE DRIVE
City-St-Zip: EASLEY, SC 29642

Title: D () Delete
Name: FORCA, JODI
Address: 3510 WEST LEONA STREET
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: SEARS, CHRIS
Address: 3810 DELEON
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: PARKER, LISETTE
Address: 804 POST OAK DRIVE
City-St-Zip: MOUNT PLEASANT, SC 29466

Title: D () Delete
Name: MAYO, SUSAN
Address: 9 STONO COURT
City-St-Zip: BEAUFORT, SC 29902

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
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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 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 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: WILLIAM PARKER

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date