




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90010 046 ****70.00

DOCUMENT # N04000010825 1. Entity Name CHRIS PARKER CHARITABLE FOUNDATION, INC.					
Principal Place of Business PO BOX 428 PINELLAS PARK, FL 33780			Mailing Address PO BOX 428 PINELLAS PARK, FL 33780		
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 20-1912670	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANNIS, NATALIE C ESQ 201 N FRANKLIN STREET SUITE 2000 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name WILLIAM L. PARKER Street Address (P.O. Box Number is Not Acceptable) 5829 106TH TERRACE City PINELLAS PARK, FL Zip Code 33782	
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  WILLIAM L. PARKER PRES <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 PARKER, WILLIAM L <input type="checkbox"/> Delete				
NAME	5829 106TH TERRACE				
STREET ADDRESS	PINELLAS PARK, FL 33782				
CITY-ST-ZIP					
TITLE	D FRICK, ELAINE <input type="checkbox"/> Delete				
NAME	234 PINE RIDGE DRIVE				
STREET ADDRESS	EASLEY, SC 29642				
CITY-ST-ZIP					
TITLE	D FORCA, JODI <input type="checkbox"/> Delete				
NAME	3510 WEST LEONA STREET				
STREET ADDRESS	TAMPA, FL 33629				
CITY-ST-ZIP					
TITLE	D SEARS, CHRIS <input type="checkbox"/> Delete				
NAME	3810 DELEON				
STREET ADDRESS	TAMPA, FL 33609				
CITY-ST-ZIP					
TITLE	D PARKER, LISETTE <input type="checkbox"/> Delete				
NAME	804 POST OAK DRIVE				
STREET ADDRESS	MOUNT PLEASANT, SC 29466				
CITY-ST-ZIP					
TITLE	D MAYO, SUSAN <input type="checkbox"/> Delete				
NAME	9 STONO COURT				
STREET ADDRESS	BEAUFORT, SC 29902				
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D BRAGA CRANE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	2032 MASS. AVE., NE				
STREET ADDRESS	ST. PETERSBURG, FL 33703				
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  WILLIAM L. PARKER PRES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 2-2-06 Daytime Phone # 727-597-8401					