

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001769

FILED
Apr 02, 2007
Secretary of State

Entity Name: PINELLAS COUNTY KINSHIP, FOSTER AND ADOPTION, CHILDREN AND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

1908 12TH STREET S.W.
LARGO, FL 33778 US

New Principal Place of Business:

Current Mailing Address:

1908 12TH STREET S.W.
LARGO, FL 33778 US

New Mailing Address:

PO BOX 1434
LARGO, FL 33779 US

FEI Number: 71-0998106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HICKS, CHRIS P
1908 12TH STREET S.W.
LARGO, FL 33778 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: P () Delete
Name: HICKS, CHRIS P
Address: 1908 12TH STREET S.W.
City-St-Zip: LARGO, FL 33778 US

Title: VP () Delete
Name: RAY, BARBARA
Address: 519 3RD AVENUE N.E.
City-St-Zip: LARGO, FL 33770 US

Title: S/T () Delete
Name: EVANS, CASA
Address: 4600 21ST AVENUE S
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: S () Delete
Name: CLAYBOURNE, JOHN
Address: 8771 95TH AVENUE N
City-St-Zip: LARGO, FL 33777 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CLAYBOURNE, JOHN
Address: 8771 95TH AVENUE N
City-St-Zip: LARGO, FL 33777 US

Title: S/T (X) Change () Addition
Name: OWEN, GAIL
Address: 1215 49TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: S (X) Change () Addition
Name: KASCHKADAJEW, ZOE
Address: 4357 TARPON DRIVE SE
City-St-Zip: ST. PETERSBURG, FL 33705 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHRIS P HICKS

PRES

04/02/2007

Electronic Signature of Signing Officer or Director

Date