

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001769

FILED  
Mar 02, 2008  
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:**

8771 95TH AVE. N.  
SEMINOLE, FL 33777 US

**Current Mailing Address:**

PO BOX 1434  
LARGO, FL 33779 US

**New Mailing Address:**

8771 95TH AVE. N.  
SEMINOLE, FL 33777 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:**

CLAYBOURNE, JOHN W  
8771 95TH AVE N.  
SEMINOLE, FL 33777 US

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: JOHN W. CLAYBOURNE

03/02/2008

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: CLAYBOURNE, JOHN  
Address: 8771 95TH AVENUE N  
City-St-Zip: LARGO, FL 33777 US

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CLAYBOURNE, JOHN W  
Address: 8771 95TH AVE N.  
City-St-Zip: SEMINOLE, FL 33777 US

Title: VP (X) Change ( ) Addition  
Name: HICKS, LORNA  
Address: 1908 12TH STREET S. W.  
City-St-Zip: LARGO, FL 33778 US

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

Title: S (X) Change ( ) Addition  
Name: DARDINI, TRACY  
Address: 1414 THAMES LN  
City-St-Zip: CLEARWATER, FL 33755 US

Title: CS ( ) Change (X) Addition  
Name: CLAYBOURNE, JOY  
Address: 8771 95TH AVE N.  
City-St-Zip: SEMINOLE, FL 33777

I hereby certify that the information supplied with this filing does not qualify 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: GAIL A OWEN

S/T

03/02/2008

Electronic Signature of Signing Officer or Director

Date