2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State
04-21-2008 90077 048 ****61.25

DOCUMENT # N07000007954

1. Entity Name
GHETTREAL COMMUNITY SERVICES, INC.

66011040

02262008 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
2137 19TH STREET S. ST. PETERSBURG, FL 33712	2137 19TH STREET S. ST. PETERSBURG, FL 33712

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3940 18 Ave. So	P.O. Box 530356
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, Fla.	City & State: St. Petersburg, Fla.
Zip: 33711 Country: Pinellas USA	Zip: 33747 Country: USA

4. FEI Number: 01-0861075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOVETT, FOSTER CPA 400 EAST MLK BLVD. SUITE 108 TAMPA, FL 33603	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 **Due by May 1, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KICKLIGHTER, ALMA L 2137 19TH STREET S. ST. PETERSBURG, FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KICKLIGHTER, SAMUEL II 2137 19TH STREET S. ST. PETERSBURG, FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KICKLIGHTER, HAROLD A 2137 19TH STREET S. ST. PETERSBURG, FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PETERMAN, JUNE K 2137 19TH STREET S. ST. PETERSBURG, FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MELVILLE, SHARON T 2137 19TH STREET S. ST. PETERSBURG, FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Alma L Kicklighter Alma L Kicklighter 04/14/08 727 415 9875
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #