2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007954

FILED
Apr 23, 2009
Secretary of State

Entity Name: GHETTREAL COMMUNITY SERVICES, INC.

Current Principal Place of Business:

3940 18 AVE S
SAINT PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

PO BOX 530356
SAINT PETERSBURG, FL 33747

New Mailing Address:

FEI Number: 01-0861075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVETT, FOSTER CPA
400 EAST MLK BLVD.
SUITE 108
TAMPA, FL 33603 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: PD ( ) Delete
Name: KICKLIGHTER, ALMA L
Address: 2137 19TH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VD ( ) Delete
Name: KICKLIGHTER, SAMUEL II
Address: 2137 19TH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D ( ) Delete
Name: KICKLIGHTER, HAROLD A
Address: 2137 19TH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: TD ( ) Delete
Name: PETERMAN, JUNE K
Address: 2137 19TH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: TD ( ) Delete
Name: MELVILLE, SHARON T
Address: 2137 19TH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33712

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
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 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: ALMA L. KICKLIGHTER PD 04/23/2009

Electronic Signature of Signing Officer or Director Date