


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90099 029 ****70.00

DOCUMENT # N41003
 1. Entity Name
JEFF CHILLDON PARENTS GROUP ASSOCIATION, INC.



Principal Place of Business Mailing Address
 C/O GEORGE A. GUIDA C/O GEORGE A. GUIDA
 4911 N. SHIRLEY DRIVE 4911 N. SHIRLEY DRIVE
 TAMPA FL 33603 TAMPA FL 33603



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
BRANNOCK, STEVEN L ESQ.
HOLLAND & KNIGHT
400 N. ASHLEY DR.
TAMPA FL 33602

4. FEI Number Applied For
59-3068882 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUIDA, GEORGE A	
STREET ADDRESS	4911 N. SHIRLEY DRIVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAMBLISS, K. WAYNE	
STREET ADDRESS	7336 POTTS RD.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GUIDA, CAROL W	
STREET ADDRESS	4911 N. SHIRLEY DRIVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8934 BUNKER HILL ROAD	
CITY-ST-ZIP	DUETTE, FL. 33834-6850	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL WOLFGANG	
STREET ADDRESS	16202 LAKE MAGDALENE BLVD.	
CITY-ST-ZIP	TAMPA; FLORIDA 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *George A. Guida* **GEORGE A. GUIDA** 2-14-06 / (813) 238-1402