

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N41003

1. Entity Name
JEFF CHILLDON PARENTS GROUP ASSOCIATION, INC.



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

Mailing Address
**C/O GEORGE A. GUIDA
4911 N. SHIRLEY DRIVE
TAMPA, FL 33603**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3068882

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRANNOCK, STEVEN L ESQ.
HOLLAND & KNIGHT
400 N. ASHLEY DR.
TAMPA, FL 33602**

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☒

**\$5.00 May Be
Added to Fees**

**U00000578815
01/09/07-80045-006 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUIDA, GEORGE A
STREET ADDRESS	4911 N. SHIRLEY DRIVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	TD
NAME	CHAMBLISS, K. WAYNE
STREET ADDRESS	8934 BUNKER HILL ROAD
CITY-ST-ZIP	DUETTE, FL 338346850
TITLE	VSD
NAME	WOLFGANG, CAROL
STREET ADDRESS	16202 LAKE MAGDALENE BLVD
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/07

813-238-1402