# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 24, 2008**
**Secretary of State**

DOCUMENT# N41003

**Entity Name:** JEFF CHILLDON PARENTS GROUP ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 59-3068882** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRANNOCK, STEVEN L ESQ.
HOLLAND & KNIGHT
400 N. ASHLEY DR.
TAMPA, FL 33602 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: GUIDA, GEORGE A
Address: 4911 N. SHIRLEY DRIVE
City-St-Zip: TAMPA, FL 33603

Title: TD ( ) Delete
Name: CHAMBLISS, K. WAYNE
Address: 8934 BUNKER HILL ROAD
City-St-Zip: DUETTE, FL 338346850

Title: VSD ( ) Delete
Name: WOLFGANG, CAROL
Address: 16202 LAKE MAGDALENE BLVD
City-St-Zip: TAMPA, FL 33613

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

**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: VSD ( ) Change (X) Addition
Name: WRIGHT, LORI G
Address: 3912 DORAL DRIVE
City-St-Zip: TAMPA, FL 33634 US

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: GEORGE A. GUIDA PD 01/24/2008

Electronic Signature of Signing Officer or Director — Date