


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

3. **FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90035 041 \*\*\*\*61.25

<b>DOCUMENT # N48274</b>			
1. Entity Name <b>DISSTON HEIGHTS CIVIC ASSOCIATION, INC.</b>			
Principal Place of Business <b>ST PETERSBURG COMMUNITY CHURCH 4501 30TH AVE., NORTH ST. PETERSBURG, FL 33713 US</b>		Mailing Address <b>4737 33RD AVE NORTH ST. PETERSBURG, FL 33713 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1709409</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GRIFFITHS, CAROL</b> <b>4737 33RD AVENUE, NORTH</b> <b>SAINT PETERSBURG, FL 33713-1003</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIFFITHS, CAROL</b>	NAME	
STREET ADDRESS	<b>4737 33RD AVENUE NORTH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33713</b>	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEBERT, GAIL</b>	NAME	
STREET ADDRESS	<b>5089 34TH AVENUE, NORTH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33713</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Carol Griffiths</i>		Date: <i>3/28/08</i> Phone: <i>727-522-7306</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date	
<b>CAROL GRIFFITHS</b>		<b>Cell 727-459-1280</b>	

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01092008 Chg-NP CR2E037 (12/06)

*See attached*

**ATTACHMENT**

66005709

#K48274

**2008 OFFICERS**

**DISSTON HEIGHTS CIVIC ASSOCIATION**

**President**

**CAROLE GRIFFITHS**

4737 33<sup>rd</sup> Avenue North – 33713

522-7206 459-1280-Cell [cgriff6721@aol.com](mailto:cgriff6721@aol.com)

**Vice President**

**JIM DONELON**

4617 23<sup>rd</sup> Avenue North – 33713

433-5534 [demdonelon@hotmail.com](mailto:demdonelon@hotmail.com)

**Secretary**

**KEITH LOCKE**

3713 Utica Street North-33713

644-2195 [rkeith1084@yahoo.com](mailto:rkeith1084@yahoo.com)

**Treasurer**

**BOB GRIFFITHS**

4737 33<sup>rd</sup> Avenue North - 33713

522-7206

**√ Sgt at Arms**

**GAIL HEBERT**

5089 34<sup>th</sup> Avenue North – 33710

526-2492

**ATTACHMENT**

66005709  
#N48244

**2008 BOARD OF DIRECTORS**

**FRED KODES**

5201 37<sup>th</sup> Avenue North – 33710  
521-3439      [fritzopal@verizon.net](mailto:fritzopal@verizon.net)

**ERNIE OTTO**

4033-23<sup>rd</sup> Avenue North - 33713  
328-0261

**GLORIA PAINE**

3219 39<sup>th</sup> Street North – 33713  
527-3375      [gpaine@tampabay.rr.com](mailto:gpaine@tampabay.rr.com)

**IRIS McWHIRTER**

4600 18<sup>th</sup> Avenue North – 33713  
321-7181

**BOB MYERS**

1700 46<sup>th</sup> Street North – 33713  
321-3023      [rmvers4@tampabay.rr.com](mailto:rmvers4@tampabay.rr.com)  
415-4620 Cell

**MIKE BARBER**

4501 35<sup>th</sup> Terrace North – 33713  
522-6668