


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

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90260 016 \*\*\*\*61.25

DOCUMENT # N93000000532					
1. Entity Name PALMETTO PARK CRIME WATCH AND NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 201 27TH ST S ST PETERSBURG, FL 33712		Mailing Address P.O. BOX 13845 ST PETERSBURG, FL 33733 US			
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 59-3169604	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIMMONS, LURLIS 201 27TH ST SO ST PETERSBURG, FL 33712			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, LURLIS		NAME	ROSE COUCH	
STREET ADDRESS	201 27TH ST SO		STREET ADDRESS	2609 4TH AVE SO	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP	33712	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	ST Pete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CHRISTELLA		NAME	FL	
STREET ADDRESS	2940 2ND AVE S		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYKINS, EZELL		NAME		
STREET ADDRESS	3166 FREEMONT TERR SO		STREET ADDRESS		
CITY-ST-ZIP	ST. PETE, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, FREDDIE		NAME		
STREET ADDRESS	234 27TH ST S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, JULIA		NAME		
STREET ADDRESS	2449 4TH AVE SO.		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGHARDT, WADE		NAME		
STREET ADDRESS	2715 2ND AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		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>Christella Wilson</i>		Executive Director		4/18/07 (123)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 564-5942	