


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90120 022 ****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 #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04212008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-3169604 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

SIMMONS, LURLIS
 201 27TH ST SO
 ST PETERSBURG, FL 33712

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, LURLIS 201 27TH ST SO SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, CHRISTELLA 2940 2ND AVE S ST PETERSBURG, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOYKINS, EZELL 3166 FREEMONT TERR SO ST. PETE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, FREDDIE 234 27TH ST S SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JULIA 2449 4TH AVE SO. SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGHARDT, WADE 2715 2ND AVE SOUTH SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE COUCH 2609 4TH AVE SO ST PETERSBURG, FL 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Christella Wilson Date: 4/22/2008 Daytime Phone #: (727) 564-5942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christella Wilson, SD