

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000532

FILED
Apr 20, 2009
Secretary of State

Entity Name: PALMETTO PARK CRIME WATCH AND NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

201 27TH ST S
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13845
ST PETERSBURG, FL 33733 US

New Mailing Address:

FEI Number: 59-3169604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, LURLIS
201 27TH ST SO
ST PETERSBURG, FL 33712 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: SIMMONS, LURLIS
Address: 201 27TH ST SO
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: SD () Delete
Name: WILSON, CHRISTELLA
Address: 2940 2ND AVE S
City-St-Zip: ST PETERSBURG, FL

Title: DT () Delete
Name: BOYKINS, EZELL
Address: 3166 FREEMONT TERR SO
City-St-Zip: ST. PETE, FL

Title: VPD () Delete
Name: MILLER, FREDDIE
Address: 234 27TH ST S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D () Delete
Name: PARKER, JULIA
Address: 2449 4TH AVE SO.
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D () Delete
Name: BURGHARDT, WADE
Address: 2715 2ND AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COUCH, ROSE
Address: 2609 4TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

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: CHRISTELLA WILSON

SD

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date