FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:47

DOCUMENT # N93000002860 (5)

1. Corporation Name
CHILDS PARK OUTREACH, INC.

Principal Place of Business	Mailing Address
3940 - 18TH AVENUE SOUTH ST. PETERSBURG FL 33711	3940 - 18TH AVENUE SOUTH ST. PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1993
3a. Date of Last Report: 02/28/1994
4. FEI Number: 65-0442121 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RATZLAFF, DONNA 3940 - 18TH AVENUE SOUTH ST. PETERSBURG FL 33711	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	RATZLAFF, DONNA	1.2 NAME	Cassaway, Tonja	
STREET ADDRESS	3835 35TH WAY SOUTH	1.3 STREET ADDRESS	2555 Oak Train # 218	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Clearwater, Fl 34624	
TITLE	STD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	KING, CAROLYN W	2.2 NAME	Jackson, Earlene	
STREET ADDRESS	1646 - 41ST STREET SOUTH	2.3 STREET ADDRESS	3758 Abington Av. South	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	2.4 CITY-ST-ZIP	St. Petersburg, FL. 33711	
TITLE	VD	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WADE, REGINA	3.2 NAME	Odom, Barbara	
STREET ADDRESS	1136 - 43RD STREET SOUTH	3.3 STREET ADDRESS	952 Alcazar Way South	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	3.4 CITY-ST-ZIP	St. Petersburg, Fl 33705	
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	MERRILL, SEARLING	4.2 NAME		
STREET ADDRESS	3009 AQUILLA SOUTH	4.3 STREET ADDRESS	Drop Director	
CITY-ST-ZIP	TAMPA FL 33629	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	YINGST, MARJORIE A	5.2 NAME	Lampley, Armanda	
STREET ADDRESS	7833 SECOND AVENUE SOUTH	5.3 STREET ADDRESS	4352 27th. Av. South	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	5.4 CITY-ST-ZIP	St. Petersburg, Fl 33711	
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSTON, JANE A	6.2 NAME		
STREET ADDRESS	4425 - 46TH STREET SOUTH	6.3 STREET ADDRESS	Drop Director	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: _____ 1-30-95 813-327-1497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066180