

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

06/18/1993

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0442121

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24 Zip

25 Country

29 Zip

30 Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
RATZLAFF, DONNA**
STREET ADDRESS **3835 35TH WAY SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **STD
KING, CAROLYN W**
STREET ADDRESS **1646 - 41ST STREET SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33711**

TITLE ☒ DELETE

NAME **VD
WADE, REGINA**
STREET ADDRESS **1136 - 43RD STREET SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33711**

TITLE ☒ DELETE

NAME **D
MERRILL, SEARLING**
STREET ADDRESS **3009 AQUILLA SOUTH**
CITY - ST - ZIP **TAMPA FL 33629**

TITLE ☐ DELETE

NAME **D
YINGST, MARJORIE A**
STREET ADDRESS **7833 SECOND AVENUE SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33707**

TITLE ☒ DELETE

NAME **D
CASSAWAY, TONJA**
STREET ADDRESS **2555 OAK TRAIN #218**
CITY - ST - ZIP **CLEARWATER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D
THELMA HOPKINS**
1.3 STREET ADDRESS **6153 -37TH ST. SO.**
1.4 CITY - ST - ZIP **ST. PETERSBURG, FL. 33711**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **V
EARLENE JACKSON**
2.3 STREET ADDRESS **3758 ABINGTON AVE. SO.**
2.4 CITY - ST - ZIP **ST. PETERSBURG, FL. 33711**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **D
TONJA RILEY**
6.3 STREET ADDRESS **6001 - 7TH ST. SO.**
6.4 CITY - ST - ZIP **ST. PETERSBURG, FL. 33705**

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)(k), 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA RATZLAFF

1-25-96

813 327-7018

Date

Daytime Phone

CR2E037 (12/95)