


FILE NOW: FILING FEE IS \$61.25

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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000003916 (4) 1. Corporation Name CHILDS PARK NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business PO BOX 11605 ST. PETERSBURG FL 33733			Mailing Address PO BOX 11605 ST. PETERSBURG FL 33733-1605		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/26/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 04/26/1996	
City & State 23		City & State 28		4. FEI Number 59-3199730	
Zip 24		Country 25		Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23		City & State 28		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24		Country 25		8. Name and Address of Current Registered Agent PIERCE GREGORY R 1735 NEWARK ST SO ST. PETERSBURG FL 33711	
City & State 23		City & State 28		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
Zip 24		Country 25		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 <i>Gregory R Pierce</i> Signature, typed or printed name of registered agent and title if applicable		SIGNATURE <i>Gregory R Pierce</i> (NOTE: Registered Agent signature required when reinstating)		DATE 4-27-97	
12. OFFICERS AND DIRECTORS					
1.1 TITLE PD <input checked="" type="checkbox"/> DELETE					
1.2 NAME PIERCE GREGORY R					
1.3 STREET ADDRESS 1735 NEWARK STREET SO					
1.4 CITY-ST-ZIP ST. PETERSBURG FL					
2.1 TITLE VD <input checked="" type="checkbox"/> DELETE					
2.2 NAME WHITE, SONJA					
2.3 STREET ADDRESS 4832 4TH AVE SOUTH					
2.4 CITY-ST-ZIP ST. PETERSBURG FL					
3.1 TITLE TD <input type="checkbox"/> DELETE					
3.2 NAME RUBIN, CLEMENTINE					
3.3 STREET ADDRESS 3753 S 9TH AVE					
3.4 CITY-ST-ZIP ST PETERSBURG FL					
4.1 TITLE S <input checked="" type="checkbox"/> DELETE					
4.2 NAME GALIK, JOHN					
4.3 STREET ADDRESS 4648 3RD AVE SOUTH					
4.4 CITY-ST-ZIP ST. PETERSBURG FL					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME Tommy Lampley					
1.3 STREET ADDRESS 4734 9th Avenue South					
1.4 CITY-ST-ZIP St Petersburg FL 33711					
2.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME Will Newton					
2.3 STREET ADDRESS 104 Kingston Street					
2.4 CITY-ST-ZIP St Petersburg FL 33711					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME Gregory R Pierce					
4.3 STREET ADDRESS 1735 Newark Street South					
4.4 CITY-ST-ZIP St Petersburg FL 33711					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing 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 address.					
SIGNATURE: <i>Gregory R Pierce</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-27-97 Daytime Phone: (813) 866-5146					

CR2E037 (9/96)