


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000003428</b>	
<b>1. Entity Name</b> <b>GREATER WOODLAWN NEIGHBORHOOD ASSOCIATION, INC.</b>	

<b>Principal Place of Business</b> 1182 24TH AVE N. SAINT PETERSBURG, FL 33704	<b>Mailing Address</b> 1182 24TH AVE N. SAINT PETERSBURG, FL 33704
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04102004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-3316653	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  WILSON, CATHY 1182 24TH AVE N SAINT PETERSBURG, FL 33704
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**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	PD
<b>NAME</b>	WILSON, CATHY
<b>STREET ADDRESS</b>	1182 24TH AVE N
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33704
<b>TITLE</b>	VPD
<b>NAME</b>	CALAHAN, TOM
<b>STREET ADDRESS</b>	1184 24TH AVE N
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33704
<b>TITLE</b>	STD
<b>NAME</b>	LYNN, SUE
<b>STREET ADDRESS</b>	2341 WOODLAWN CIRCLE EAST
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33704
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/05/04-80042-008 70.00

**DO NOT WRITE  
IN THIS SPACE**

**12.** I 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 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:** Cathryn P. Wilson **4/10/04** **(927) 572-9311**