

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 # N95000003749 (7)

1. Corporation Name

CHILDS PARK NEIGHBORHOOD FAMILY CENTER, 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

08/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4301 - 13TH Avenue South

26 4301 - 13TH Avenue South

4. FEI Number

59-3328585

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

23 City & State

St. Petersburg, Florida

28 City & State

St. Petersburg, Florida

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

24 Zip

25 Country

Pinellas

29 Zip

33711

30 Country

Pinellas

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILTON, ALFRED
1863 LAKEWOOD DRIVE SOUTH
ST. PETERSBURG FL 33712

81 Name

Johnny Welch

82 Street Address (P.O. Box Number is Not Acceptable)

2043 - Union Street South

83

84 City

St. Petersburg

FL

85 Zip Code

33712

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, Sections 617.0502, Florida Statutes.

SIGNATURE

Johnny Welch

Johnny Welch

5/30/96

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P T
NAME WOODARD, DEBRA D
STREET ADDRESS 728 18TH AVENUE, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ DELETE

TITLE VP T
NAME JEMINSON, ADELLE VAUGHN
STREET ADDRESS 335 MADISON STREET, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33711 ☐ DELETE

TITLE T T
NAME WELCH, JOHNNY
STREET ADDRESS 2043 UNION STREET, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400001914074
-08/06/96--01121--027
***65.00

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:

Debra D. Woodward

5/29/96

327-2438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)