

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90021 028 ****70.00

DOCUMENT # **N95000003749 OK**
1. Corporation Name
Childs Park Neighborhood Family Center, Inc.



Principal Place of Business Mailing Address
(New)
728 - 16th Avenue South 728 - 16th Avenue South
St. Petersburg, Florida 33701 St. Petersburg, FL 33701

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		8/7/95	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		59-3328585	
24		29		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Johnny Welch		81 Name	
2043 - Union Street South		82 Street Address (P.O. Box Number is Not Acceptable)	
St. Petersburg, FL 33712		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]* DATE: 4/29/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DEBRA WOODARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	728 16th Avenue South	1.2 NAME	
STREET ADDRESS	St. Petersburg, FL 33701	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	Secretary	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur Bailey	2.2 NAME	
STREET ADDRESS	1765 - 28th Street South	2.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33712	2.4 CITY-ST-ZIP	
TITLE	Treasurer	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnny Welch	3.2 NAME	
STREET ADDRESS	2043 Union Street South	3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33712	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/28/99 DAYTIME PHONE: (727) 321-0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)