


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005701	
1. Entity Name COMMUNITY SPIRIT IN THE PARK, INC.	

Principal Place of Business P.O. BOX 1 PINELLAS PARK, FL 33780	Mailing Address P.O. BOX 1 PINELLAS PARK, FL 33780
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01162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3493618	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRADBURY, CECIL W 9400 50TH WAY NORTH PINELLAS PARK, FL 33782

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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 reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADBURY, CECIL 9400 50TH WAY NORTH PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLEATON, DENNIS 6887 CIRCLECREEK DRIVE PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HODGES, NANCY 14422 KANDI COURT LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIRDEN, JENNIFER 7690 45TH STREET NORTH PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2SEC MONTANA, DENNIS 9808 61ST LANE N PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/04/05-80012-012 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cecil W. Bradbury 3-1-05 727-544-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #