

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005847

FILED
Feb 04, 2005
Secretary of State

Entity Name: CHILDS PARK YOUTH INITIATIVE COUNCIL, INC.

Current Principal Place of Business:

300- 49 TH ST. SOUTH
SAINT PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

300- 49 TH ST. SOUTH
SAINT PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 59-3541598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMMONS, BUFUS
300 49TH ST. SOUTH
SAINT PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

HILL, TRACEY S
300 49TH ST. SOUTH
SAINT PETERSBURG, FL 33707 US

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.

SIGNATURE: TRACEY S. HILL

02/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MILLER, DAPHNE
Address: 642 61ST AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VCD () Delete
Name: ECHOLS, CHRISTAL
Address: 1459 ALHAMBRA WAY SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: TD () Delete
Name: GOMILLION, SHELIA
Address: 631 50TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: SD () Delete
Name: FERGUSON, CAROLYN
Address: 1210 FARGO STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: CUTHBERTSON, LOTTIE
Address: 4534 21ST AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WILSON, LISA
Address: 2301 41ST STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOTTIE CUTHBERTSON

CD

02/04/2005

Electronic Signature of Signing Officer or Director

Date