

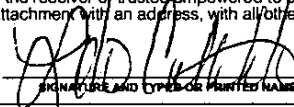


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90071 011 \*\*\*\*61.25

<b>DOCUMENT # N96000005847</b>					
<b>1. Entity Name</b> CHILDS PARK YOUTH INITIATIVE COUNCIL, INC.					
<b>Principal Place of Business</b> 300- 49 TH ST. SOUTH SAINT PETERSBURG, FL 33707			<b>Mailing Address</b> 300- 49 TH ST. SOUTH SAINT PETERSBURG, FL 33707		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>3050 1st Ave South</b>		<b>3. Mailing Address</b> <b>P.O. Box 530734</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>St. Petersburg FL</b>		<b>City &amp; State</b> <b>St. Petersburg, FL</b>		<b>4. FEI Number</b> <b>59-3541598</b>	
<b>Zip</b> <b>33712</b>		<b>Country</b> <b>Pinellas</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HILL, TRACEY S 300 49TH ST. SOUTH SAINT PETERSBURG, FL 33707		<b>7. Name and Address of New Registered Agent</b> Name <b>Donald, Gary P.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4354 6th Avenue South</b>  City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33711</b>			
<b>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.</b>					
SIGNATURE 		<b>Gary P. Donald</b>		<b>3/16/07</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD</b> <input type="checkbox"/> Delete <b>CUTHBERTSON, LOTTIE</b> <b>4534 21ST AVENUE SOUTH</b> <b>SAINT PETERSBURG, FL 33711</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VCD</b> <input type="checkbox"/> Delete <b>ECHOLS, CHRISTAL</b> <b>1459 ALHAMBRA WAY SOUTH</b> <b>SAINT PETERSBURG, FL 33705</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>GOMILLION, SHELIA</b> <b>631 50TH AVENUE SOUTH</b> <b>SAINT PETERSBURG, FL 33705</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>WILSON, LISA</b> <b>2301 41ST STREET SOUTH</b> <b>SAINT PETERSBURG, FL 33711</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> 		<b>Lottie Cuthbertson 3/16/07 727-327-8054</b>			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	