


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000005847 1. Entity Name CHILDS PARK YOUTH INITIATIVE COUNCIL, INC.	
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Principal Place of Business 3050 1ST AVE S. SAINT PETERSBURG, FL 33712	Mailing Address PO BOX 530734 SAINT PETERSBURG, FL 33747
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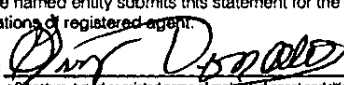
04062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3541598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DONALD, GARY P 4354 6TH AVE. S. SAINT PETERSBURG, FL 33711

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IN THIS SPACE**

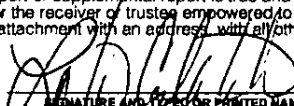
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  GARY P. Donald, RA	4-15-08
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CUTHBERTSON, LOTTIE 4534 21ST AVENUE SOUTH SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ECHOLS, CHRISTAL 1459 ALHAMBRA WAY SOUTH SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOMILLION, SHELIA 831 50TH AVENUE SOUTH SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, LISA 2301 41ST STREET SOUTH SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/08/08-80029-008 70.00

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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.	
SIGNATURE:  CD, Lottie Cuthbertson	4-15-08 727-804 3753
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	