2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005847

FILED May 29, 2009 Secretary of State

Entity Name: CHILDS PARK YOUTH INITIATIVE COUNCIL, INC. **Current Principal Place of Business: New Principal Place of Business:** 3050 1ST AVE S. 4534 21ST AVENUE SOUTH SAINT PETERSBURG, FL 33712 SAINT PETERSBURG, FL 33711 **Current Mailing Address: New Mailing Address:** PO BOX 530734 SAINT PETERSBURG, FL 33747 FEI Number: 59-3541598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DONALD, GARY P TAKITA, CUTHBERTSON M 4354 6TH AVE. S. 4534 21ST AVE SOUTH SAINT PETERSBURG, FL 33711 US SAINT PETERSBURG, FL 33711 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: TAKITA CUTHBERTSON 05/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CUTHBERTSON, LOTTIE Name: Name: 4534 21ST AVENUE SOUTH Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33711 City-St-Zip: Title: VCD () Delete Title: VCD (X) Change () Addition ECHOLS, CHRISTAL Name: Name: WILSON, LISA Address: 1459 ALHAMBRA WAY SOUTH Address: 2301 41ST STREET SOUTH City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: SAINT PETERSBURG, FL 33711 Title: () Delete Title: () Change () Addition GOMILLION, SHELIA Name: Name: 631 50TH AVENUE SOUTH Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: () Delete (X) Change () Addition Title: SD Title: SD Name: WILSON, LISA Name: JOHNSON, CHERYL 2301 41ST STREET SOUTH 2410 26TH AVENUE SOUTH Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33711 City-St-Zip: SAINT PETERSBURG, FL 33712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 05/29/2009