

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90025 048 \*\*\*\*61.25

**DOCUMENT # N98000007164**

1. Entity Name

**CROMWELL HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business

1324 1/2 18TH AVE. SOUTH  
ST. PETERSBURG FL 33705

Mailing Address

955 22ND AVE SOUTH  
ST. PETERSBURG FL 33705

44024952



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3537015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCURRY, DONNA**  
**955-22ND AVE SOUTH**  
**ST. PETERSBURG FL 33705**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: TV  
NAME: PARHAM, ALMA  
STREET ADDRESS: 1043 19TH AVE S.  
CITY-ST-ZIP: SAINT PETERSBURG FL 33705 ☐ Delete

TITLE: S  
NAME: SCURRY, DONNA  
STREET ADDRESS: 955-22ND AVE S.  
CITY-ST-ZIP: SAINT PETERSBURG FL 33705 ☐ Delete

TITLE: AS  
NAME: GRAVELEY, BRYAN  
STREET ADDRESS: 1034 18TH AVE S.  
CITY-ST-ZIP: SAINT PETERSBURG FL 33705 ☐ Delete

TITLE: DT  
NAME: JACKSON, JAMES E  
STREET ADDRESS: 2127 14TH ST SO  
CITY-ST-ZIP: SAINT PETERSBURG FL 33705 ☐ Delete

TITLE: DP  
NAME: SMITH, JEROME B  
STREET ADDRESS: 1534 18TH AVE S.  
CITY-ST-ZIP: SAINT PETERSBURG FL 33705 ☐ Delete

TITLE: DV  
NAME: JACKSON, KENNETH  
STREET ADDRESS: 2045 SEMINOLE BLVD S.  
CITY-ST-ZIP: SAINT PETERSBURG FL 33705 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2904

Date

Daytime Phone #