

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91004 015 *****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**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	IV	<input type="checkbox"/> Delete
NAME	PARHAM, ALMA	
STREET ADDRESS	1043 19TH AVE S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCURRY, DONNA	
STREET ADDRESS	955-22ND AVE S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GRAVELEY, BRYAN	
STREET ADDRESS	1034 18TH AVE S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JACKSON, JAMES E	
STREET ADDRESS	2127 14TH ST SO	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SMITH, JEROME B	
STREET ADDRESS	1534 18TH AVE S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JACKSON, KENNETH	
STREET ADDRESS	2045 SEMINOLE BLVD S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]

3/26/03

CR2E037 (10/02)