5/2 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am Secretary of State DOCUMENT # N01000000027 1. Entity Name FIG TREE YOUTH AND FAMILY CENTERS, INC. 05-02-2001 90145 011 ****62.00 Principal Place of Business Mailing Address 540-48TH STREET SOUTH 540-48TH STREET SOUTH ST PETERSBURG FL 33711 ST PETERSBURG FL 3371 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEE, WARREN C 2861-4TH AVE SOUTH ST PETERSBURG FL 33712 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. **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Deleta TITLE ☐ Change ! ☐ Addition WARDEN C. LEE 540-45 TH ST. SO NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33711 st. aterskurg, fl CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition KEVIN JOHNSON NAME NAME 1861-475 AVE. 50. STREET ADDRESS STREET ADDRESS T. PETERSBURG FL 33712 CITY-ST-7IP CITY-ST-ZIP TITI F D'Delete TITLE ☐ Addition CYNTHIA JOHNSOM 2 GBL- HTH AVE. SE ST. PETEKS BUR & FL NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP 33711 CITY-ST-ZIP TITLE C Octor TITLE ☐ Change Addition NAME ESSIE GILBERT 540-48TH St.SO. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 337// CITY-ST-ZIP TITLE TITLE ☐ 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.

NAME

NAME

337!3

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

MARILYN CHILDS

2619-24TH AVE. NO.

ANGELA LEE

SIGNATURE REQUIRED WALLELL LAND TYPED ON PRINTED HAME OF BIOMENS OFFICER OR LARGE TYPES ON PRINTED HAME OF BIOMENS OFFICER OR LARGE TOP

Devime Prone # 842-7643

☐ Change ☐ Addition