2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N01000000027

Entity Name: FIG TREE YOUTH AND FAMILY CENTERS, INC.

Current Principal Place of Business:

540-48TH STREET SOUTH
ST PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

540-48TH STREET SOUTH
ST PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 75-3108402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, KEVIN
2861-4TH AVE SOUTH
ST PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEE, WARREEN C
Address: 540 45TH ST. SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: V ( ) Delete
Name: JOHNSON, KEVIN
Address: 2861 4TH AVE. SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: T ( ) Delete
Name: JOHNSON, CYNTHIA
Address: 2861 4TH AVE. SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: T ( ) Delete
Name: GILBERT, ESSIE
Address: 540 48TH ST. SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: T ( ) Delete
Name: CHILDS, MARILYN
Address: 2619 24TH AVE. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: T ( ) Delete
Name: LEE, ANGELA
Address: 1750 40TH ST. SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KEVIN W. JOHNSON VP 04/20/2009

Electronic Signature of Signing Officer or Director — Date