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

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91281 026 ****61.25

DOCUMENT # N01000000027

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

Principal Place of Business	Mailing Address
540-48TH STREET SOUTH ST PETERSBURG FL 33711	540-48TH STREET SOUTH ST PETERSBURG FL 33711

11023113

☐ CHECK HERE IF MAKING CHANGES

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 APPLIED FOR 75-3108402 ☐ 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
JOHNSON, KEVIN 2861-4TH AVE SOUTH ST PETERSBURG FL 33712	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEE, WARREEN C 540 45TH ST. SOUTH SAINT PETERSBURG FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEE, ISMAIL F. 540-46TH ST. SO. ST. PETERSBURG, FL 33711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHNSON, KEVIN 2861 4TH AVE. SOUTH SAINT PETERSBURG FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEE, KHADIJA R. 2619-24TH AVE. NO. ST. PETERSBURG, FL 33713	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, CYNTHIA 2861 4TH AVE. SOUTH SAINT PETERSBURG FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEE, AKEEM A.J. 540-46TH ST. SO. ST. PETERSBURG, FL 33711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GILBERT, ESSIE 540 48TH ST. SOUTH SAINT PETERSBURG FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEE, WADI J. 2619-24TH AVE. NO ST. PETERSBURG, FL 33713	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHILDS, MARILYN 2619 24TH AVE. NORTH SAINT PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEE, ANGELA 1750 40TH ST. SOUTH SAINT PETERSBURG FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: WARRENTLEE REQUIRED 4-22-03 (727)327-0963
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR