## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007658

FILED Sep 01, 2009 Secretary of State

Entity Name: THE CENTER FOR URBAN PROGRAMS & SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

2133 W. CYPRESS STREET 3410 N. 25TH STREET TAMPA, FL 33606 TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

P.O. BOX 5775 TAMPA, FL 33675

FEI Number: 26-2509092 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, MICHAEL MANN, ANNIKA
2133 W. CYPRESS STREET 3410 N. 25TH STREET
TAMPA, FL 33607 US TAMPA, FL 33605 US

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: ANNIKA MANN 09/01/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 BROWN, MICHAEL T. JR.
 Name:
 RANGE, DENNIS

 Address:
 2133 W. CYPRESS STREET
 Address:
 PO BOX 5775

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:
 TAMPA, FL 33675

Title: D ( ) Delete Title: V (X) Change ( ) Addition

 Name:
 ANTHONY, REIDEL
 Name:
 RANGE, DARLENE

 Address:
 P.O. BOX 76612
 Address:
 P.O. BOX 5775

 City-St-Zip:
 TAMPA, FL 33675
 City-St-Zip:
 TAMPA, FL 33675

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BELL, COLEMAN
 Name:

 Address:
 P.O. BOX 76612
 Address:

 City-St-Zip:
 TAMPA, FL 33675
 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: DENNIS RANGE BC 09/01/2009