

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011974

FILED
Mar 03, 2011
Secretary of State

Entity Name: MACE KINGSLEY FAMILY CENTER, INC.

Current Principal Place of Business:

900 GROVE ST.
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

900 GROVE ST.
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-3380057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILBERT, JUDY
300 S. PROSPECT AVE
CLEARWATER, FL 33756 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: PRES
Name: KINGLSEY, CAROL
Address: 1524 SMALLWOOD CIRCLE
City-St-Zip: CLEARWATER, FL 33755

Title: DIR
Name: AVRIN, JEFF
Address: 1716 CLEVELAND
City-St-Zip: CLEARWATER, FL 33755

Title: VP
Name: REGENSBURG, ALICIA
Address: 709 KARLYN AVE
City-St-Zip: CLEARWATER, FL 33755

Title: VP
Name: CALKINS, DAVID
Address: 48580 NORTHWIND ROAD
City-St-Zip: MARCELL, MN 56657

Title: DIR
Name: SALAMON, STEPHANIE
Address: P.O. BOX 4272
City-St-Zip: CLEARWATER, FL 33758

Title: DIR
Name: SMITH, GREG
Address: 2150 SCOTLAND DRIVE
City-St-Zip: CLEARWATER, FL 33763

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE SALAMON

DIR

03/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date