

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011974

**FILED**  
**Jun 26, 2012**  
**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: CAROL KINGSLEY

PRES

06/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date