

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000585

FILED
Jun 05, 2008
Secretary of State

Entity Name: LEALMAN FAMILY CENTER, INC.

Current Principal Place of Business:

4255 56TH AVE. NORTH
ST. PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

4255 56TH AVE. NORTH
ST. PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 59-3631795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

QUINLIVAN, JAMES M
4255 56TH AVENUE NORTH
ST. PETERSBURG, FL 33714 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: D () Delete
Name: KEIRSTEAD, SHELLEY
Address: 3920 50TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33714 US

Title: D (X) Delete
Name: QUINLIVAN, ELEANOR
Address: 3920 57TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33714 US

Title: T/D (X) Delete
Name: TUCKER, ERIC
Address: 132 SW MADISON CIRCLE NORTH
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: D (X) Delete
Name: HOXTER, NORMA L
Address: 5757 36TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33714 US

Title: D () Delete
Name: HOOD, TRACY L
Address: 5267 CORAL WAY NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714 US

Title: P () Delete
Name: KIMBALL, RONALD
Address: 4747 47TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33714 US

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: P (X) Change () Addition
Name: ADAMS, JULIE
Address: 5040 48TH TERRACE NORTH
City-St-Zip: ST. PETERSBURG, FL 33709 US

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: JULIE ADAMS

P

06/05/2008

Electronic Signature of Signing Officer or Director

Date