

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000585

FILED
Feb 16, 2011
Secretary of State

Entity Name: LEALMAN AND ASIAN NEIGHBORHOOD 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)

Name and Address of Current Registered Agent:

CHANCE, CAROLYN MRS.
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: T
Name: MILLICAN, JIM
Address: 4360 55TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33714 US

Title: P
Name: NORRIS, PAM
Address: 5953 48TH AVE NORTH
City-St-Zip: KENNETH CITY, FL 33709 US

Title: VP
Name: LOC, NGUYEN
Address: 8353 WRENS WAY
City-St-Zip: LARGO, FL 33709 US

Title: S
Name: MARSHALL, AMIE
Address: 5828 46TH AVE NORTH
City-St-Zip: KENNETH CITY, FL 33709

Title: D
Name: TRANG, TRUONG
Address: 8000 63RD ST NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: D
Name: KAREN, HANCOCK
Address: 6000 49TH ST NORTH
City-St-Zip: ST PETERSBURG, FL 33709

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: CAROLYN CHANCE

ED

02/16/2011

Electronic Signature of Signing Officer or Director

Date