

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002333

1. Entity Name

VILIERE FOSTER, SHELTER & GROUP HOME, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 30 PM 12:53

Principal Place of Business

4306 E. 22ND AVE.
TAMPA, FL 33605

Mailing Address

4306 E. 22ND AVE.
TAMPA, FL 33605



09092004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3663091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILIERE, NETTIE
4306 E. 22ND AVE.
TAMPA, FL 33605

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VILIERE, NETTIE
STREET ADDRESS	4306 E. 22ND AVE.
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	SPEARMAN, BEATRICE W
STREET ADDRESS	2420 EAST EMMA
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	JONES, DAVID A DR.
STREET ADDRESS	3102 EAST LAKE AVENUE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	DIXON, JAMES JR
STREET ADDRESS	504 E JAMES STREET
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	C
NAME	DERAVIL, PATRICIA
STREET ADDRESS	3411 N CORD ST
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	RCT
NAME	RUTLEDGE, KATELIA
STREET ADDRESS	2417 S 66TH STREET
CITY-ST-ZIP	TAMPA, FL 33605

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10/01/04--01061--010 **61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/04

Date

Daytime Phone #

013000