

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004140

FILED
Apr 26, 2008
Secretary of State

Entity Name: PEACHA L. WIGGINS FAMILY INITIATIVE, INC.

Current Principal Place of Business:

C/O ROBERT S. BOLT
601 BAYSHORE BLVD. SUITE 700
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT S. BOLT
601 BAYSHORE BLVD. SUITE 700
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3673315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLT, ROBERT S
601 BAYSHORE BLVD.
SUITE 700
TAMPA, FL 33606 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: PD () Delete
Name: PARK LYNN, LESLIE
Address: 369 MAYA STREET
City-St-Zip: LAKE MARY, FL 32746

Title: VPD () Delete
Name: PARK-BROWN, SYDNEY
Address: 11010 RIVERVIEW DRIVE
City-St-Zip: RIVERVIEW, FL 33549

Title: VPD () Delete
Name: HIGGINS, CLARK
Address: 3124 ORLEANS WAY SOUTH
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: MOORE MAYES, ANALEE
Address: 4101 OBISPO STREET
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: WIGGINS MOORE, THOMAS
Address: 3381 EAGLEWOOD TRAIL
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: BOLT, ROBERT
Address: 455 LUCERNE AVENUE
City-St-Zip: TAMPA, FL 33606

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
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LESLIE PARK LYNN

P

04/26/2008

Electronic Signature of Signing Officer or Director

_____ Date