

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000000027 1. Entity Name FIG TREE YOUTH AND FAMILY CENTERS, INC.					
Principal Place of Business 540-48TH STREET SOUTH ST PETERSBURG FL 33711			Mailing Address 540-48TH STREET SOUTH ST PETERSBURG FL 33711		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 75-3108402	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, KEVIN 2861-4TH AVE SOUTH ST PETERSBURG FL 33712				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LEE, WARREEN C 540 45TH ST. SOUTH SAINT PETERSBURG FL 33711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V JOHNSON, KEVIN 2861 4TH AVE. SOUTH SAINT PETERSBURG FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T JOHNSON, CYNTHIA 2861 4TH AVE. SOUTH SAINT PETERSBURG FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T GILBERT, ESSIE 540 48TH ST. SOUTH SAINT PETERSBURG FL 33711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CHILDS, MARILYN 2619 24TH AVE. NORTH SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T LEE, ANGELA 1750 40TH ST. SOUTH SAINT PETERSBURG FL 33711	<input type="checkbox"/> Delete			
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.			U000000329650 04/25/05-80124-012 2.00 U000000329650 04/25/05-80124-013 35.00 U000000329650 04/25/05-80124-014 33.00		
SIGNATURE: <i>Kevin W. Johnson</i> 4/23/05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					