

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 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



01062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3108402

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, KEVIN
2861-4TH AVE SOUTH
ST PETERSBURG, FL 33712

**DO NOT WRITE
IN THIS SPACE**

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

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 May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEE, WARREEN C
540 45TH ST. SOUTH
SAINT PETERSBURG, FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JOHNSON, KEVIN
2861 4TH AVE. SOUTH
SAINT PETERSBURG, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
JOHNSON, CYNTHIA
2861 4TH AVE. SOUTH
SAINT PETERSBURG, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GILBERT, ESSIE
540 48TH ST. SOUTH
SAINT PETERSBURG, FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CHILDS, MARILYN
2619 24TH AVE. NORTH
SAINT PETERSBURG, FL 33713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LEE, ANGELA
1750 40TH ST. SOUTH
SAINT PETERSBURG, FL 33711

000000581517
01/10/07-80090-025 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Kevin W. Johnson* **Kevin W. Johnson Director** **1/6/06** **804-7627**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #