

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 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**



01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3108402	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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**

**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, 2008**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, KEVIN 2861 4TH AVE. SOUTH SAINT PETERSBURG, FL 33712
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, CYNTHIA 2861 4TH AVE. SOUTH SAINT PETERSBURG, FL 33712
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILBERT, ESSIE 540 48TH ST. SOUTH SAINT PETERSBURG, FL 33711
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHILDS, MARILYN 2619 24TH AVE. NORTH SAINT PETERSBURG, FL 33713
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, ANGELA 1750 40TH ST. SOUTH SAINT PETERSBURG, FL 33711
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U00000842037
03/11/08-80012-003 35.00

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**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/08