2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000716

Apr 26, 2006 Secretary of State

Entity Name: FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH OF HILLSBOROUGH COUNTY,

Current Principal Place of Business: New Principal Place of Business:

FMHI BOX 2 BRUCE B. DOWNS BLVD.

2514

TAMPA, FL 33612

New Mailing Address: Current Mailing Address:

FMHI, BOX 2 13301 B.B. DOWNS BLVD. # 2514

TAMPA, FL 33612

FEI Number: 59-3695186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENRY, MARY JANE TUCKER, JOAN

802 WEST W DOWNS COURT, APT 202 1619 OPEN FIELD LOOP TAMPA, FL 33603 BRANDON, FL 33510

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: JOAN TUCKER 04/26/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HENRY, MARY JANE TUCKER, JOAN Name: Name:

802 WEST W DOWNS COURT, APT 202 Address: 1619 OPEN FIELD LOOP Address: City-St-Zip: TAMPA, FL 33603 City-St-Zip: BRANDON, FL 33510

Title: () Delete Title: (X) Change () Addition

DAVIS, MARY HELEN Name: NORTHINGTON, KELLY Name: Address: 4224 W. LASALLE ST Address: 8722 SHIRLEY DR #136 City-St-Zip: TAMPA, FL 33607 City-St-Zip: TEMPLE TERACE, FL 33617

Title: () Delete Title: (X) Change () Addition

TUCKER, JOAN FIGUEREDO, DARRELL Name: Name: Address: P.O. BOX 862

1619 OPEN FIELD LOOP Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip: LUTZ. FL 33548

Title: () Delete Title: (X) Change () Addition

ARMSTRONG, MARY Name: BOOTHROYD, ROGER Name: 13301 BRUCE B DOWNS BLVD 13301 BRUCE B DOWNS BLVD Address: Address:

City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612

Title: () Delete Title: () Change () Addition

DUCHNOWSKI, AL Name: Name: 13301 BRUCE DOWNS BLVD. Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip:

Title: () Delete Title: () Change () Addition

LARRY, ENGLISH Name: Name: Address: 8706 BEVERLY DR. Address:

TEMPLE TERRACE, FL 33617 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY ENGLISH **EXE** 04/26/2006

Electronic Signature of Signing Officer or Director

Date