

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000716

FILED  
Apr 30, 2007  
Secretary of State

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

**Current Principal Place of Business:**

FMHI BOX 2 BRUCE B. DOWNS BLVD.  
# 2514  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

FMHI, BOX 2 13301 B.B. DOWNS BLVD.  
# 2514  
TAMPA, FL 33612

**New Mailing Address:**

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

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

TUCKER, JOAN  
1619 OPEN FIELD LOOP  
BRANDON, FL 33510 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: P ( ) Delete  
Name: TUCKER, JOAN  
Address: 1619 OPEN FIELD LOOP  
City-St-Zip: BRANDON, FL 33510

Title: S ( ) Delete  
Name: NORTHINGTON, KELLY  
Address: 8722 SHIRLEY DR #136  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D ( ) Delete  
Name: FIGUEROA, DARRELL  
Address: P.O. BOX 862  
City-St-Zip: LUTZ, FL 33548

Title: D ( ) Delete  
Name: ARMSTRONG, MARY  
Address: 13301 BRUCE B DOWNS BLVD  
City-St-Zip: TAMPA, FL 33612

Title: T ( ) Delete  
Name: DUCHNOWSKI, AL  
Address: 13301 BRUCE DOWNS BLVD.  
City-St-Zip: TAMPA, FL 33617

Title: EXE ( ) Delete  
Name: LARRY, ENGLISH  
Address: 8706 BEVERLY DR.  
City-St-Zip: TEMPLE TERRACE, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: VAUGHN, B OBBIE  
Address: 13301 BRUCE B DOWNS. BLVD  
City-St-Zip: TAMPA, FL 33612

Title: D (X) Change ( ) Addition  
Name: MAYO, JOHN  
Address: 13301 BRUCE B DOWNS BLVD  
City-St-Zip: TAMPA, FL 33612

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

Title: ( ) Change ( ) Addition  
Name:  
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: LARRY ENGLISH

EXE

04/30/2007

Electronic Signature of Signing Officer or Director

Date