2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N01000000716

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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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: VAN TRUMP, NANCY
Address: 13301 BRUCE B DOWNS. BLVD
City-St-Zip: TAMPA, FL 33612

Title: D (X) Change ( ) Addition
Name: MILLS, TROYLAN
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 E D 05/05/2008

Electronic Signature of Signing Officer or Director — Date