

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001412

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** FLORIDA INSTITUTE FOR COMMUNITY STUDIES, INC.

**Current Principal Place of Business:**

202 S 22ND ST.  
106  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16745  
TAMPA, FL 33687

**New Mailing Address:**

**FEI Number:** 59-3712006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNTERBERGER, ALAYNE G  
204 FOREST PARK AVE  
TEMPLE TERRACE, FL 33617 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: D ( ) Delete  
Name: BLANCO, JOSE PHD  
Address: 1314 CASTELNAU CT  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: CRANSTON-GINGRAS, ANN PHD  
Address: 4202 E FOWLER AVE  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: MARTINEZ GARCIA, MATILDA  
Address: 718 LOIS AVE  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: GONZALEZ, MARGARITA  
Address: 3017 W DEWEY ST  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: LAMAS, GUADALUPE RN  
Address: 3224 SAN JOSE MISSION DR  
City-St-Zip: DOVER, FL 33527

Title: D ( ) Delete  
Name: RYAN, RICHARD  
Address: 71 VICTORIA DR  
City-St-Zip: N FT MYERS, FL 33917

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

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: GUADALUPE LAMAS

D

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date