

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001412

FILED
Mar 23, 2009
Secretary of State

Entity Name: FLORIDA INSTITUTE FOR COMMUNITY STUDIES, INC.

Current Principal Place of Business:

6704 HANLEY ROAD
TAMPA, FL 33634

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
6704 HANLEY RD.
TAMPA, FL 33634 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: UNTERBERGER, ALAYNE PHD
Address: 6704 HANLEY RD.
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: WOLFE, ALVIN PHD
Address: USF ANTHROPOLOGY, 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: LEVINE, JACK JD
Address: HOLLAND AND KNIGHT LLP, 100 N TAMPA STREET
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: JENKINS, TONY
Address: 4800 DEERWOOD CAMPUS PARKWAY, DC1-4
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: REVELLO, MARIA ANTONIET
Address: 8521 NORTH ARMENIA AVE
City-St-Zip: TAMPA, FL 33604

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
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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: ALAYNE UNTERBERGER

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date