

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001412

FILED
Jan 05, 2012
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
Name: UNTERBERGER, ALAYNE PHD
Address: 6704 HANLEY RD.
City-St-Zip: TAMPA, FL 33634

Title: D
Name: WOLFE, ALVIN PHD
Address: USF ANTHROPOLOGY, 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33612

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

Title: D
Name: DEES, JUSTIN JD
Address: HOLLAND AND KNIGHT LLP, 100 N TAMPA STREET
City-St-Zip: TAMPA, FL 33602

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

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

I hereby 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 all other like empowered.

SIGNATURE: ALAYNE UNTERBERGER

PRES

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date