

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009056

FILED
Jun 30, 2005
Secretary of State

Entity Name: KATHY'S PLACE A CENTER FOR GRIEVING CHILDREN A NONPROFIT CORPORATION

Current Principal Place of Business:

2504 WEST AZEELE STREET
SUITE E
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

2504 WEST AZEELE STREET
SUITE E
TAMPA, FL 33609

New Mailing Address:

FEI Number: 01-0641212 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

MULLOY, JEAN M DR.
4503 WEST DALE AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

MULLOY, JEAN M DR.
4205 WEST WATROUS AVE
TAMPA, FL 33629 US

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: JEAN M MULLOY PHD.

06/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: MULLOY, JEAN
Address: 18121 SUGAR BROOKE DR.
City-St-Zip: TAMPA, FL 33647

Title: VD () Delete
Name: MCCALL, LISA
Address: 8701 TANTALION CIR.
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: QUICK, JUDITH
Address: 3015 E WATERS AVE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: MULLOY, JEAN
Address: 4205 WEST WATROUS AVE
City-St-Zip: TAMPA, FL 33629

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: JEAN M MULLOY PHD.

PDT

06/30/2005

Electronic Signature of Signing Officer or Director

Date