

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009056

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

730 SOUTH STERLING AVE
SUITE 301
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

730 SOUTH STERLING AVE
SUITE 301
TAMPA, FL 33609

New Mailing Address:

FEI Number: 01-0641212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLOY, JEAN M DR.
4205 WEST WATROUS AVE
TAMPA, FL 33629 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: PDT () Delete
Name: MULLOY, JEAN
Address: 4205 WEST WATROUS AVE
City-St-Zip: TAMPA, FL 33629

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

Title: SD () Delete
Name: BROCK, LIANA
Address: 3007 W. FAIR OAKS AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: WISE, HEATHER
Address: 6720 S. LOIS AVE. #8307
City-St-Zip: TAMPA, FL 33616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: BROWN, KATHY
Address: 3516 1ST ST. N.
City-St-Zip: ST. PETE, FL 33704

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: HEATHER WISE

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date