

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000009056

**FILED**  
**Apr 29, 2010**  
**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  
Name: MULLOY, JEAN  
Address: 4205 WEST WATROUS AVE  
City-St-Zip: TAMPA, FL 33629

Title: VD  
Name: SEEGER, SANDRA  
Address: 333 PLANT AVE  
City-St-Zip: TAMPA, FL 33606

Title: SD  
Name: MULLOY, KEVIN  
Address: 9136 GOSHEN PARK PLACE  
City-St-Zip: GAITHERSBURG, MD 20882

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: JEAN M MULLOY

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04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date