

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004230

FILED
Jan 29, 2004
Secretary of State

Entity Name: FATHER'S HEART RESOURCE CENTER, INC.

Current Principal Place of Business:

3502 N. NEBRASKA AVENUE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

810 STRATFORD ST
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-3742870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODY, JAMAL
1718 EAST 7TH AVENUE
SUITE 201
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

WOODY, JAMAAL
1718 EAST 7TH AVENUE
SUITE 201
TAMPA, FL 33605 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: JAMAAL WOODY

01/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, MICHAEL
Address: 810 STRATFORD ST.
City-St-Zip: TAMPA, FL 33603

Title: V () Delete
Name: LEWIS, MICHAEL
Address: 810 STRATFORD ST.
City-St-Zip: TAMPA, FL 33603

Title: S () Delete
Name: SHELLMAN, KIMBERLY
Address: 1718 EAST 7TH AVENUE, SUITE 201
City-St-Zip: TAMPA, FL 33605

Title: T (X) Delete
Name: JENKINS, TARILYN
Address: 12713 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JENKINS, TARILYN
Address: 810 STRATFORD ST.
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
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 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: MICHEAL LEWIS

V

01/29/2004

Electronic Signature of Signing Officer or Director

Date