

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90024 031 \*\*\*\*61.25

**DOCUMENT # N02000005668**

1. Entity Name  
**FRIENDS OF THE COMMUNITY CENTERS, INC.**



Principal Place of Business  
8940 W VETERANS DRIVE  
HOMOSASSA, FL 34448

Mailing Address  
8940 W VETERANS DRIVE  
HOMOSASSA, FL 34448

60018436



2. Principal Place of Business - No P.O. Box #  
**2804 MARC KNIGHTON CT**

3. Mailing Address  
**2804 MARC KNIGHTON CT**

Suite, Apt. #, etc.  
**STE B Room 150**

Suite, Apt. #, etc.  
**STE B Room 150**

01162007 Chg-NP CR2E037 (12/06)

City & State  
**LECANTO FLORIDA**

City & State  
**LECANTO FLORIDA**

4. FEI Number  
**03-0436639**

Applied For  
☐ Not Applicable

Zip  
**34461**

Country

Zip  
**34461**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OLIVERI, NANCY R**  
**8940 W VETERANS DRIVE**  
**HOMOSASSA, FL 34448**

7. Name and Address of New Registered Agent

Name  
**NANCY R OLIVERI**  
Street Address (P.O. Box Number is Not Acceptable)  
**2778 W. BEAMWOOD DR**  
City  
**Pine Ridge** FL Zip Code  
**34465**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Nancy R Oliveri*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/07

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PAQUETTE, LEO  
1373 LAKEVIEW DR  
INVERNESS, FL 34450 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
OLIVERI, NANCY R  
2778 W. BEAMWOOD DR  
BEVERLY HILLS, FL 34465 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCDANNOLD, MILDRED MRS.  
8347 E LULAS LN  
FLORAL CITY, FL 344362161 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BARBARA J. HARMON  
1178 N GREENTREE TRL  
LECANTO FLA 34461 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
OLIVERI, NANCY R  
2778 W. BEAMWOOD DR  
BEVERLY HILLS, FLA 34465 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Virginia D'Amico  
3485 N. TAMARISK AVE  
BEVERLY HILLS, FLA 34465 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/07 352-527-3436