

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90395 024 ****61.25

DOCUMENT # N02000005668

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



Principal Place of Business
**2804 MARC KNIGHTON CT.
STE B ROOM 150
LECANTO, FL 34461**

Mailing Address
**2804 MARC KNIGHTON CT.
STE B ROOM 150
LECANTO, FL 34461**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192008

Chg-NP

CR2E037 (12/06)

4. FEI Number
03-0436639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLIVERI, NANCY R
2778 W. BRAMWOOD DR.
PINE RIDGE, FL 34465**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 PD ☐ Delete
NAME HARMON, BARBARA J
STREET ADDRESS 1178 N. GREENTREE TERR.
CITY-ST-ZIP LECANTO, FL 34461

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

TITLE S ☐ Delete
NAME D'AMICO, VIRGINIA
STREET ADDRESS 3485 N. TAMARISK AVE
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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: Barbara J. Harmon **BARBARA J. HARMON**

4-23-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #