

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90039 011 \*\*\*\*61.25

**DOCUMENT # N02000007311**



1. Entity Name  
**FATHERHOOD ASSISTANCE, LIFESTYLE & LEGAL SERVICES, INC.**

Principal Place of Business

4202 NASSAU ST.  
 TAMPA, FL 33607

Mailing Address

4202 NASSAU ST.  
 TAMPA, FL 33607

**24032840**



01142004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0688397</b>	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

LEWIS, GEORGE REV.  
 4206 W. NASSAU ST.  
 TAMPA, FL 32607

**DO NOT WRITE IN THIS SPACE**

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 \$81.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, FRED DEACON 4217 W. NASSAU ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, JIMMIE L 1709 N. HOWARD AVE. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM 1707 E. FRIERSON AVE. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, GEORGE REV. 4206 W. NASSAU ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEVES, CHARLENE W 1928 W. SPRUCE ST. TAMPA, FL 336073010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REESE, LINDA REV. 1928 W. SPRUCE ST. TAMPA, FL 336073010

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

3/28/04

Date

Daytime Phone #