

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000268

FILED
May 07, 2009
Secretary of State

Entity Name: FRIENDS OF JOSHUA HOUSE FOUNDATION, INC.

Current Principal Place of Business:

4115 WEST SPRUCE STREET
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1769
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 20-0597719 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HANNA, LINDA C
600 SOUTH MAGNOLIA AVENUE
SUITE 125
TAMPA, FL 33606 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: FALKOWITZ, TRACY
Address: 501 E. KENNEDY BLVD., SUITE 1700
City-St-Zip: TAMPA, FL 33602 US

Title: VD () Delete
Name: TROY, JOE
Address: 4211 W. BOY SCOUT BLVD.
City-St-Zip: TAMPA, FL 33607 US

Title: D () Delete
Name: SMITH, LEAH
Address: 320 W. KENNEDY BLVD. #400
City-St-Zip: TAMPA, FL 33606 US

Title: SD () Delete
Name: PHILP, DANA
Address: 6130 LAZY DAYS BLVD.
City-St-Zip: SEFFNER, FL 335842968 US

Title: D () Delete
Name: BETZ, LOUIS
Address: P.O. BOX 274108
City-St-Zip: TAMPA, FL 33688 US

Title: D () Delete
Name: YOB, JON
Address: 7501 INTERBAY BLVD
City-St-Zip: TAMPA, FL 33616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: TRACY FALKOWITZ

CH

05/07/2009

Electronic Signature of Signing Officer or Director

Date