2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011378

FILED Feb 13, 2009 Secretary of State

Entity Name: FAMILY JUSTICE CENTER OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
9309 N. FLORIDA AVE. SUITE 109 TAMPA, FL 33612						
Current Mailing Address:			New Maili	New Mailing Address:		
9309 N. FLORIDA AVE. SUITE 109 TAMPA, FL 33612						
FEI Number:	20-3780341	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
BUSH ROSS REGISTERED AGENT SERVICES, LLC 1801 N HIGHLAND AVE TAMPA, FL 33602 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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GILL, HENRY	Delete DRIVE, SUITE 700 6078410 US	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MS. () REYNOLDS, LII 10273 ULMERT LARGO, FL US	ON ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	LANE, KEN	Delete /ESTSHORE BLVD 507 US	Title: Name: Address: City-St-Zip:	MR. (X) Change () Addition BISHOFF, DUANE T 3409 WEST FLETCHER AVE TAMPA, FL 33618 US		
Title: Name: Address: City-St-Zip:	HENGELBROK,	RTIN LUTHER KING, JR. BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MARTINEZ, ELV	Y BLVD., 5TH FLOOR	Title: Name: Address: City-St-Zip:	MR. (X) Change () Addition REDER, ROD P P.O. BOX 172745 TAMPA, FL 33622 US		
Title: Name: Address: City-St-Zip:	MS. () SARA, BECK 6914 ASPHALT TAMPA, FL 336		Title: Name: Address: City-St-Zip:	MS. (X) Change () Addition JOHNSON, LAURIE S 232 COLUMBIA DRIVE TAMPA, FL 33606 US		
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: ROD REDER

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02/13/2009