

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90036 020 ****61.25

DOCUMENT # N05000011883

1. Entity Name
**EASTSIDE FAMILY INTERVENTION AND COMMUNITY
DEVELOPMENT CENTER, INC.**



Principal Place of Business
5321 C.R. 579
SEFFNER, FL 33584

Mailing Address
P.O. BOX 2678
BRANDON, FL 33509

DO NOT WRITE IN THIS SPACE



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4766562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PRINCE, DAVID E
4519 ASHORE DR.
TAMPA, FL 33610

**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 reappointing)) **DATE** _____

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

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	DP PIRANT, ROBERT L 2707 CENTERVIEW PL BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BROWN, CONNIE 2707 CENTERVIEW PL BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRINCE, DAVID E 4519 ASHMORE DR. TAMPA, FL 33610
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

4/30/07
Date

813-690-5735
Daytime Phone #