

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/26/2007-90233-001-\$70.00-\$70.00

FILED

07 MAY 18 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N06000003663					
1. Entity Name FOCUS CULTURAL HUMAN DEVELOPMENT AGENCY, INC.					
Principal Place of Business 6901 OLD HWY 37 BRADLEY, FL 33835			Mailing Address 6901 OLD HWY 37 BRADLEY, FL 33835		
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	4. FEI Number	
				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRADLEY, G E DR 6901 OLD HWY 37 BRADLEY, FL 33835			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 renewing) 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	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BRADLEY, G E		NAME	BROWN, Fred D.	
STREET ADDRESS	P O BOX 170		STREET ADDRESS	1108 29th Street, East	
CITY-ST-ZIP	BRADLEY, FL 33835		CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JEFFERSON, PEGGY		NAME		
STREET ADDRESS	324 12TH ST WEST		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ELLISONON, EDDIE		NAME		
STREET ADDRESS	3365 CROSS FOX DR		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEWART, JACKIE		NAME		
STREET ADDRESS	2219 37TH AVE EAST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	KELLY, DAVID		NAME		
STREET ADDRESS	1520 2ND AVE WEST		STREET ADDRESS		
CITY-ST-ZIP	PALMETTON, FL 34221		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>G. E. Bradley</u>			4/24/2007 941.737.6651		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR			Date Daytime Phone #		