

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90096 004 ****70.00

60003323



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number **20-5093568** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # N06000006294
1. Entity Name
RURAL SOCIAL SERVICES PARTNERSHIP, INC.



Principal Place of Business
**100 E. SHELL POINT RD.
RUSKIN, FL 33570**

Mailing Address
**100 E. SHELL POINT RD.
RUSKIN, FL 33570**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**MARTAU, STEPHEN C
ACHIEVE MANAGEMENT
2215 EAST HENRY AVENUE
TAMPA, FL 33610**

7. Name and Address of New Registered Agent
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 reinstating) 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		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	M	
STREET ADDRESS			STREET ADDRESS	MARY CARUSO	
CITY-ST-ZIP			CITY-ST-ZIP	100 E. Shell Point Rd. RUSKIN, FL 33570	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	C	
STREET ADDRESS			STREET ADDRESS	Brian McEwen	
CITY-ST-ZIP			CITY-ST-ZIP	100 E. Shell Point Rd. RUSKIN, FL 33570	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	V.C.	
STREET ADDRESS			STREET ADDRESS	Rosa Ramirez	
CITY-ST-ZIP			CITY-ST-ZIP	100 E. Shell Point Rd. RUSKIN, FL 33570	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	T.	
STREET ADDRESS			STREET ADDRESS	Chaplain Celerin	
CITY-ST-ZIP			CITY-ST-ZIP	100 E. Shell Point Rd. RUSKIN, FL 33570	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	S.	
STREET ADDRESS			STREET ADDRESS	Anne Madden	
CITY-ST-ZIP			CITY-ST-ZIP	100 E. Shell Point Rd. RUSKIN, FL 33570	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary Caruso*, Mary Caruso **1/8/07 (813) 672-5384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #