

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000093

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** FOCUS ON FEMALES EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

3001 W. SWANN AVENUE  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

3001 W. SWANN AVENUE  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 20-8162209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HINES, JAMES P  
315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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:** D  
**Name:** MASKIN, STEVEN L MD  
**Address:** 3001 W. SWANN AVENUE  
**City-St-Zip:** TAMPA, FL 33609

**Title:** D  
**Name:** MASKIN, ANGELA E  
**Address:** 3001 W. SWANN AVENUE  
**City-St-Zip:** TAMPA, FL 33609

**Title:** D  
**Name:** EGGERS, ELOISE  
**Address:** 3001 W. SWANN AVENUE  
**City-St-Zip:** TAMPA, FL 33609

I hereby 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 all other like empowered.

**SIGNATURE:** STEVEN MASKIN

D

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date