

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005617

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** FRESH START SOCIAL SERVICE AGENCY, INC.

**Current Principal Place of Business:**

1890 19TH STREET  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1372  
SARASOTA, FL 34230

**New Mailing Address:**

PO BOX 1372  
SARASOTA, FL 34230

**FEI Number:** 04-3835420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COSTON, GARRY B  
1890 19TH STREET  
SARASOTA, FL 34234 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: CH ( ) Delete  
Name: COSTON, GARRY B  
Address: 1890 19TH STREET  
City-St-Zip: SARASOTA, FL 34234

Title: P ( ) Delete  
Name: RICHARD, FITZGERALD  
Address: 2200 38TH AVENUE WEST, #14R-205  
City-St-Zip: BRADENTON, FL 34205

Title: VP ( ) Delete  
Name: JIMMY CHAD, ROWRY  
Address: 1890 19TH STREET  
City-St-Zip: SARASOTA, FL 34234

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: RACENE, JESSE  
Address: 1890 19TH STREET  
City-St-Zip: SARASOTA, FL 34234

Title: VP (X) Change ( ) Addition  
Name: ROWRY, JIMMY C  
Address: 4644 OAK HILL PLACE  
City-St-Zip: SARASOTA, FL 34232

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: GARRY BERNARD COSTON

CH

04/30/2008

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

\_\_\_\_\_  
Date