

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007206

FILED
May 21, 2009
Secretary of State

Entity Name: STEPHENSON URBAN CHILDREN'S CHRISTIAN EDUCATIONAL AND SOCIAL SKILLS FOUNDATION, INC.

Current Principal Place of Business:

6960 SW 36TH STREET
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

6960 SW 36TH STREET
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

BRENDA GILLIS
6960 SW 36TH STREET
MIRAMAR, FL 33023 US

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: BRENDA GILLIS

05/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MONTGOMERY-GILLIS, BRENDA
Address: 6960 SW 36TH STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: SMITH, DIANA
Address: 6960 SW 36TH STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: PAYNE, CHERYL
Address: 6960 SW 36TH STREET
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BRENDA GILLIS

PSTD

05/21/2009

Electronic Signature of Signing Officer or Director

Date