

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001682

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** PSCU EMPLOYEE HARDSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

560 CARILLON PARKWAY  
ST PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

560 CARILLON PARKWAY  
ST PETERSBURG, FL 33716

**New Mailing Address:**

PO BOX 20383  
ST PETERSBURG, FL 33742

**FEI Number:** 26-4300493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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:** MS  
**Name:** TRUMBULL, LESLEY PRESIDE  
**Address:** 560 CARILLON PARKWAY  
**City-St-Zip:** ST PETERSBURG, FL 33716

**Title:** MS  
**Name:** STULL, DONNA CHAIRWO  
**Address:** 560 CARILLON PARKWAY  
**City-St-Zip:** ST PETERSBURG, FL 33716

**Title:** MR  
**Name:** POTTERTON, KENT DIRECTO  
**Address:** 560 CARILLON PARKWAY  
**City-St-Zip:** ST PETERSBURG, FL 33716

**Title:** MR  
**Name:** CHANDLER, TOM DIRECTO  
**Address:** 560 CARILLON PARKWAY  
**City-St-Zip:** ST PETERSBURG, FL 33716

**Title:** MR  
**Name:** FELLOWS, GEOFFREY DIRECTO  
**Address:** 560 CARILLON PARKWAY  
**City-St-Zip:** ST PETERSBURG, FL 33716

**Title:** MS  
**Name:** STEWART, KARLENE DIRECTO  
**Address:** 560 CARILLON PARKWAY  
**City-St-Zip:** ST PETERSBURG, FL 33716

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:** GEOFFREY FELLOWS

DIRE

04/06/2011

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

\_\_\_\_\_  
Date