

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90071 015 ****61.25

DOCUMENT # N36205

1. Entity Name

FRANCIS HOUSE, INC.



Principal Place of Business

**4703 N FLORIDA AVE.
TAMPA FL 33603**

Mailing Address

**4703 N FLORIDA AVE.
TAMPA FL 33603**

9000400



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2999484**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HROMALIK, LORRAINE M
4703 N. FLORIDA AVE.
TAMPA FL 33603**

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

FILE NOW: FEE IS \$61.25

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 **ED** ☐ Delete
NAME **ABROMALIK, LORRAINE M**
STREET ADDRESS **16112 RAMBLING VINE DRIVE EAST**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **VP** ☐ Change ☐ Addition
NAME **CARRERA, RENEE**
STREET ADDRESS **3001 S. DELSON ST #1001**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **T** ☐ Delete
NAME **DWYER, DOROTHY SR.**
STREET ADDRESS **1303 W. BRADDOCK ST.**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MALOWNEY, JACKIE**
STREET ADDRESS **5117 BRANCH AVE**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP PRESIDENT** ☐ Delete
NAME **GOODWIN, LARRY**
STREET ADDRESS **829 W. DR. MLK BLVD.**
CITY-ST-ZIP **TAMPA FL 33683**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **AHERN, KAY SR.**
STREET ADDRESS **3010 N. PERRY AVE.**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED**

1-15-03 813 237-3066

CR2E037 (10/02)