

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N45888

1. Entity Name  
THE A. LEON LOWRY, SR. FAMILY SERVICE CENTER,  
INC.



Principal Place of Business  
1006 W CYPRESS  
TAMPA, FL 33606

Mailing Address  
1006 W CYPRESS  
TAMPA, FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10262004 REIN-NP

CR2E099 (6/04)

4. FEI Number  
59-3089222

Applied For  
Not Applicable

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

WRIGHT, EVELYN A  
10110 VISTA POINTE DRIVE  
TAMPA, FL 33635

Name OSBORN, CAROLYN  
Street Address (P.O. Box Number is Not Acceptable)  
3916 CASABA LOOP

City VALRICO, FL Zip Code 33594

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

*Carolyn V. Osborn*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2005, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME BAKER, ANDREW  
STREET ADDRESS 911 E. MCBERRY STREET  
CITY-ST-ZIP TAMPA, FL 33603

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

TITLE SD ☒ Delete  
NAME WRIGHT, EVELYN A  
STREET ADDRESS 10110 VISTA POINTE DRIVE  
CITY-ST-ZIP TAMPA, FL 33635

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

TITLE D ☐ Delete  
NAME THOMSON, CARL  
STREET ADDRESS 9031 ARNDALE CIRCLE  
CITY-ST-ZIP TAMPA, FL 33615

TITLE ☒ Change ☐ Addition  
NAME THOMPSON, CARL  
STREET ADDRESS 9031 ARNDALE CIRCLE  
CITY-ST-ZIP TAMPA, FL 33615

TITLE CPD ☐ Delete  
NAME DUBOSE, ARNOLD  
STREET ADDRESS 1405 BUCWOOD COURT  
CITY-ST-ZIP BRANDON, FL 33511

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

TITLE VCD ☐ Delete  
NAME BAKER, BETTY G  
STREET ADDRESS 1916 WALNUT STREET  
CITY-ST-ZIP TAMPA, FL 33607

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

TITLE D ☐ Delete  
NAME OSBORN, CAROLYN  
STREET ADDRESS 3916 CASABA LOOP  
CITY-ST-ZIP VALRICO, FL 33594

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:

*Carl W. Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 NOV -1 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

