2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# N45888

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

Current Principal Place of Business:

1006 W CYPRESS
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1006 W CYPRESS
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3089222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSBORN, CAROLYN
3916 CASABA LOOP
VALRICO, FL 33594 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: D ( ) Delete
Name: BAKER, ANDREW
Address: 911 E. MCBERRY STREET
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete
Name: THOMSON, CARL
Address: 9031 ARNDALE CIRCLE
City-St-Zip: TAMPA, FL 33615

Title: CPD ( ) Delete
Name: DUBOSE, ARNOLD
Address: 1405 BUCWOOD COURT
City-St-Zip: BRANDON, FL 33511

Title: VCD ( ) Delete
Name: BAKER, BETTY G
Address: 1916 WALNUT STREET
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: OSBORN, CAROLYN
Address: 3916 CASABA LOOP
City-St-Zip: VALRICO, FL 33594

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: THOMPSON, CARL
Address: 9031 ARNDALE CIRCLE
City-St-Zip: TAMPA, FL 33615

Title: CPD (X) Change ( ) Addition
Name: DUBOSE, ARNOLD
Address: 1124 SPLIT SILK STREET
City-St-Zip: VALRICO, FL 33594

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

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

Title: D ( ) Change (X) Addition
Name: BAKER, ANDREW
Address: 911 E. MCBERRY STREET
City-St-Zip: TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARNOLD DUBOSE CPD 04/14/2005

Electronic Signature of Signing Officer or Director — Date