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Jun 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005605 (9)

1. Corporate Name

FAMILY EMPOWERMENT PROGRAMS, INC.



Principal Place of Business

Mailing Address

11709
11701 WESSON CIRCLE, WEST
TAMPA FL 33618-3523

11701 WESSON CIRCLE, WEST
TAMPA FL 33618-3523

3. Date Incorporated or Qualified

11/28/1995

4. FEI Number

59-3374395

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 11709 WESSON CIRCLE, WEST
Suite, Apt. #, etc.

26 P.O. BOX 273138
Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAMPA, FL

28 TAMPA, FL

24 Zip

Country

29 Zip

Country

33618

USA

33618-3138

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKELSKY, BERNADETTE G
11701 WESSON CIRCLE, WEST
TAMPA FL 33618-3523

81 Name

BERNADETTE GREGGORY SKELSKY

82 Street Address (P.O. Box Number is Not Acceptable)

11709 WESSON CIRCLE WEST

83

84 City

TAMPA

FL

85 Zip Code
33618

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Bernadette Gregory Skelsky
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS SKELSKY, BERNADETTE G
CITY-ST-ZIP 11701 WESSON CIRCLE, WEST
TAMPA FL 33618-3523

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS BERNADETTE G. SKELSKY
1.4 CITY-ST-ZIP 11709 WESSON CIRCLE WEST
TAMPA, FL 33618

TITLE ☐ DELETE
NAME D
STREET ADDRESS STOCKTON, RICHARD L
CITY-ST-ZIP 92 LAKE WIRE DRIVE
LAKELAND FL 33801

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS CUMMINGS, SANDRA KAY
CITY-ST-ZIP 11301 LINBANKS PLACE
TAMPA TERRACE FL 33617

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Bernadette Gregory Skelsky
Signature typed or printed name of registered agent and title if applicable

CR2E037 (10/97)