

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90130 032 ****61.25

DOCUMENT # N97000000379

1. Corporation Name

FAMILIA OF TAMPA BAY, INC.

Principal Place of Business

5960 CENTRAL AVE
SUITE B
ST PETERSBURG FL 33707

Mailing Address

5960 CENTRAL AVE
SUITE B
ST PETERSBURG FL 33707



2. Principal Place of Business

21 **4636 Cloverlawn Dr.**

Suite, Apt. #, etc.

22 City & State

23 **Tampa, FL**

24 Zip

33624

25 Country

Hillsborough

2a. Mailing Address

26 **4636 Cloverlawn Dr.**

Suite, Apt. #, etc.

27 City & State

28 **Tampa, FL**

29 Zip

33624

30 Country

Hillsborough

3. Date Incorporated or Qualified

01/17/1997

4. FEI Number

59-3426288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

O'LEARY, DONALD M
5960 CENTRAL AVE
SUITE B
ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name **George de los Reyes**

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

4636 Cloverlawn Dr.

83

84 City

Tampa,

FL

85 Zip Code

33624

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **DE LOS REYES, LISETTE**
CITY-ST-ZIP **4636 CLOVERLAWN DR**
TAMPA FL 33624

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SELLORS, LIBBIE**
CITY-ST-ZIP **3205 ROOSEVELT ST NE**
MINNEAPOLIS MN 55418

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **DE LOS REYES, GEORGE**
CITY-ST-ZIP **4636 CLOVERLAWN DR**
TAMPA FL 33624

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-99

813-908-6165

CR2E037 (1/1/98)