

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005472

FILED
May 01, 2008
Secretary of State

Entity Name: FRIENDS OF CHILDREN UTILIZING SKILLS, INC.

Current Principal Place of Business:

5211-85TH ST
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

PO BOX 845
RIVERVIEW, FL 335680845

New Mailing Address:

FEI Number: 59-3540971 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HILL, CONSTANCE L
14908 NORTHWOOD VILLAGE LANE
TAMPA, FL 33613 US

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: MILLER, CAROLYN Y
Address: 5211-85TH ST
City-St-Zip: TAMPA, FL 33619

Title: TECO () Delete
Name: ROBINSON, JULUIS
Address: 508 CAROLINE ST
City-St-Zip: TAMPA, FL 33617

Title: OT () Delete
Name: SANCHEZ, LANITRA
Address: 5009 85TH ST
City-St-Zip: TAMPA, FL 33619

Title: T () Delete
Name: THOMAS, LAURA D
Address: P.O. BOX 1074
City-St-Zip: SEFFNER, FL 33584

Title: T () Delete
Name: MILLER, ROBERT V JR
Address: 5211 85TH ST
City-St-Zip: TAMPA, FL 33619

Title: T () Delete
Name: HOLMES, SALLIE M
Address: 6002 82ND ST
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROLYN MILLER

DIRE

05/01/2008

Electronic Signature of Signing Officer or Director

Date