

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005472

FILED
Apr 15, 2010
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 ()

Name and Address of Current Registered Agent:

HILL, CONSTANCE L
14908 NORTHWOOD VILLAGE LANE
TAMPA, FL 33613 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
Name: MILLER, CAROLYN Y
Address: 5211-85TH ST
City-St-Zip: TAMPA, FL 33619

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN Y, MILLER

DIRE

04/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date