## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007311

Entity Name: FATHERHOOD ASSISTANCE, LIFESTYLE & LEGAL SERVICES,

INC.

Feb 23, 2013 **Secretary of State** CC2535857606

**FILED** 

## **Current Principal Place of Business:**

1739 W WALNUT ST TAMPA, FL 33607

## **Current Mailing Address:**

1739 W WALNUT TAMPA, FL 33607 US

FEI Number: 02-0688397 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BELLAMY, DURELL A 1739 W WALNUT ST TAMPA, FL 33607 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: DURELL A. BELLAMY 02/23/2013

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **PRES** Title VΡ

Name GRAY, JIMMIE Name TIM, HERMAN L

Address 1739 W WALNUT ST Address 2304 N. RIDGEWOOD AVENUE

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

SEC. Title **TREA** Title

Name JONES, BETTY Name JOHNSON, JOHNNY M

Address 1739 W WALNUT Address 4210 NASSAU ST City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title **BOARD MEMBER** Title **BOARD MEMBER** Name BROWN, DONNA

Address 1739 W. WALNUT STREET 7304 36TH AVENUE SOUTH Address

City-State-Zip: TAMPA FL 33607 City-State-Zip: **TAMPA FL 33619** 

Title **BOARD MEMBER** Name WINDHAM, LINDA Address 1739 W. WALNUT ST TAMPA FL 33607 City-State-Zip:

REESE, LINDA CREV.

Name

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.

02/23/2013 SIGNATURE: JIMMIE GRAY **PRES**