

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005472

Entity Name: FRIENDS OF CHILDREN UTILIZING SKILLS, INC.**Current Principal Place of Business:**5211-85TH ST
TAMPA, FL 33619**Current Mailing Address:**5211-85TH ST
TAMPA, FL 33619**FEI Number: 59-3540971****Certificate of Status Desired: No****Name and Address of Current 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**Officer/Director Detail :**

Title	D
Name	MILLER, CAROLYN Y
Address	5211-85TH ST
City-State-Zip:	TAMPA FL 33619

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

Title	T
Name	MILLER, ROBERT VJR
Address	5211 85TH ST
City-State-Zip:	TAMPA FL 33619

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

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

Title	T
Name	HOLMES, SALLIE M
Address	6002 82ND ST
City-State-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 MILLER**D****04/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date