

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719194

FILED
Jan 19, 2005
Secretary of State

Entity Name: FAMILY RESOURCES, INC.

Current Principal Place of Business:

5959 CENTRAL AVE.
SUITE 200
ST. PETERBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13087
ST. PETERSBURG, FL 33733 US

New Mailing Address:

FEI Number: 23-7146873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, JANE L.
5959 CENTRAL AVENUE
SUITE 200
ST. PETERSBURG, FL 33710 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: O () Delete
Name: HARPER, JANE L.
Address: 5959 CENTRAL AVE STE 200
City-St-Zip: ST. PETERBURG, FL 33710 US

Title: D () Delete
Name: FITZ, DAVID A.,
Address: 546 15TH AVE, NE
City-St-Zip: ST. PETERSBURG, FL

Title: C () Delete
Name: WILSEY, STEVEN
Address: 275 4TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D () Delete
Name: CUNNINGHAM, MONICA L
Address: 100 2ND AVE N 3RD FLOOR
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: BOWMAN, PAMELA J
Address: 10846 97TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33773

Title: VC () Delete
Name: SHEPARD, GARY
Address: 615 S. MISSOURI AVENUE #F
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: FITZ, DAVID A.,
Address: 5830-C WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607 US

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

Title: D (X) Change () Addition
Name: CUNNINGHAM, MONICA L
Address: 100 2ND AVE N 3RD FLOOR
City-St-Zip: CLEARWATER, FL 33701 US

Title: D (X) Change () Addition
Name: BOWMAN, PAMELA J
Address: 10846 97TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33773 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JANE L. HARPER

CEO

01/19/2005

Electronic Signature of Signing Officer or Director

Date