

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 744935

FILED
Jan 23, 2002 8:00 AM
Secretary of State

Entity Name: BREHON INSTITUTE FOR FAMILY SERVICES, INC.

Current Principal Place of Business:

2222 OLD SAINT AUGUSTINE ROAD
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 7643
TALLAHASSEE, FL 323147643 US

New Mailing Address:

FEI Number: 59-1865406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONE, JACKIE
2222 OLD ST. AUGUSTINE ROAD
TALLAHASSEE, FL 32303

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: DP () Delete
Name: BRYANT, MARY
Address: 1310 CROSS CREEK, STE A
City-St-Zip: TALLAHASSEE, FL 32301

Title: CEO () Delete
Name: MALONE, JACKIE
Address: 2222 OLD ST AUGUSTINE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: ST () Delete
Name: ROGERS, LAURA
Address: 1741 MARSTON PLACE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S (X) Delete
Name: REDFEARN, STEPHANIE
Address: RR 5 BOX 5362
City-St-Zip: MONTICELLO, FL

Title: DV () Delete
Name: SCHILLING, MAX
Address: 2222 OLD ST AUGUSTINE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

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:

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: JACQUELINE S. MALONE

CEO

01/23/2002

Electronic Signature of Signing Officer or Director

Date