2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# 744935

Entity Name: BREHON INSTITUTE FOR FAMILY SERVICES, INC.

Current Principal Place of Business:

2222 OLD SAINT AUGUSTINE ROAD
TALLAHASSEE, FL 32301 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 (X)**

Name and Address of Current Registered Agent:

MALONE, JACKIE
2222 OLD ST. AUGUSTINE ROAD
TALLAHASSEE, FL 32301 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:	P	( ) Delete
Name:	WINN, JUDY MS.	
Address:	1424 OXBOTTOM RD	
City-St-Zip:	TALLAHASSEE, FL 32312 US	
Title:	CEO	( ) Delete
Name:	MALONE, JACKIE MS.	
Address:	2222 OLD ST AUGUSTINE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32301 US	
Title:	VP	( ) Delete
Name:	NELSON-LANGLEY, YVONNE MS.	
Address:	1223 RONDS POINTE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32312 US	
Title:	S	( ) Delete
Name:	MCCONNAUGHHAY, ALLEN MR.	
Address:	1332 MOSSWOOD CHASE	
City-St-Zip:	TALLAHASSEE, FL 32312 US	
Title:	T	( ) Delete
Name:	HOBBS, NICOLE MS.	
Address:	1234 SKIP WELLS COURT	
City-St-Zip:	TALLAHASSEE, FL 32312 US	

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:	T	(X) Change ( ) Addition
Name:	WILSON, KELLI MS.	
Address:	PO BOX 3606	
City-St-Zip:	TALLAHASSEE, FL 32315 US	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JACKIE MALONE CEO 01/09/2007

Electronic Signature of Signing Officer or Director — Date