2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State
01-17-2008 90019 009 ****70.00

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1. Entity Name
BREHON INSTITUTE FOR FAMILY SERVICES, INC.

Principal Place of Business	Mailing Address
2222 OLD SAINT AUGUSTINE ROAD TALLAHASSEE, FL 32301 US	P O BOX 7643 TALLAHASSEE, FL 32314-7643 US

01112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1865406 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALONE, JACKIE 2222 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WINN, JUDY MS. 1424 OXBOTTOM RD TALLAHASSEE, FL 32312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Allen McConnaughhay 1332 Mosswood Chase Tallahassee, FL 32312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO MALONE, JACKIE MS. 2222 OLD ST AUGUSTINE ROAD TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NELSON-LANGLEY, YVONNE MS. 1223 RONDS POINTE DRIVE TALLAHASSEE, FL 32312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Ellen McFarlain 3784 Overlook Drive Tallahassee, FL 32311	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCCONNAUGHHAY, ALLEN MR. 1332 MOSSWOOD CHASE TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Yvonne Nelson-Langley 1223 Ronds Pointe Drive Tallahassee, FL 32312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILSON, KELLI MS. PO BOX 3606 TALLAHASSEE, FL 32315	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Tracy Barnes 2018 Herb Court Tallahassee, FL 32312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jackie Malone Jackie Malone 1-11-08 850 656-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #