

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744935

FILED
Apr 28, 2009
Secretary of State

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 ()

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: S () Delete
Name: NELSON-LANGLEY, YVONNE MS.
Address: 1223 RONS POINTE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: P () Delete
Name: MCCONNAUGHAY, ALLEN MR.
Address: 1332 MOSSWOOD CHASE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP () Delete
Name: MCFARLAIN, ELLEN
Address: 3784 OVERLOOK DRIVE
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: T (X) Delete
Name: BARNES, TRACY
Address: 2018 HERB COURT
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCONNAUGHAY, ALLEN
Address: 1317 OLD VILLAGE ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

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

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

Title: T (X) Change () Addition
Name: BARNES, TRACY
Address: 2018 HERB COURT
City-St-Zip: TALLAHASSEE, FL 32312 US

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 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

04/28/2009

Electronic Signature of Signing Officer or Director

Date