2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744935

FILED Jan 14, 2010 Secretary of State

Entity Name: BREHON INSTITUTE FOR FAMILY SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

2222 OLD SAINT AUGUSTINE ROAD 1311 NORTH PAUL RUSSELL RD. TALLAHASSEE, FL 32301

SUITE A204

TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

P O BOX 7643

TALLAHASSEE, FL 323147643 US

FEI Number: 59-1865406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MALONE, JACKIE MALONE, JACKIE 2222 OLD ST. AUGUSTINE ROAD 1311 NOŔTH PAUL RUSSELL RD. TALLAHASSEE, FL 32301 SUITE A204

TALLAHASSEE, FL 32301 US

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: JACKIE MALONE 01/14/2010

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

MCFARLAIN, ELLEN Name: Address: 3784 OVERLOOK DR. City-St-Zip: TALLAHASSEE, FL 32311 US

Title:

Name: MALONE, JACKIE MS.

Address: 1311 NORTH PAUL RUSSELL RD. A204

City-St-Zip: TALLAHASSEE, FL 32301 US

Title:

MACELUCH, JOHN MR. Name: Address: 1210 E. PARK AVE.

City-St-Zip: TALLAHASSEE, FL 32301 US

Title:

CLAYTON, KIM MS. Name: 4222 BEN BLVD. Address:

City-St-Zip: TALLAHASSEE, FL 32303 US

Title:

WINN, JASON Name: 448 FRANK SHAW RD Address: TALLAHASSEE, FL 32301 US City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: JACKIE MALONE CEO 01/14/2010