2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2012
Secretary of State

DOCUMENT# 744935

Entity Name: BREHON INSTITUTE FOR FAMILY SERVICES, INC.

Current Principal Place of Business:

1311 NORTH PAUL RUSSELL RD.
SUITE A204
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
1311 NORTH PAUL RUSSELL RD.
SUITE A204
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
Name: WINN, JASON MR.
Address: 448 FRANK SHAW RD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: CEO
Name: MALONE, JACKIE MS.
Address: 1311 NORTH PAUL RUSSELL RD, A204
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: S
Name: FORD, CAY MRS.
Address: 1743 ARMISTEAD PLACE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: T
Name: MASTERSON, KATHLEEN MS.
Address: 2970 N. UMBERLAND DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VP
Name: CLAYTON, KIM MS.
Address: 4222 BEN BLVD
City-St-Zip: TALLAHASSEE, FL 32303 US

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 MS. 02/21/2012
Electronic Signature of Signing Officer or Director Date