

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47998

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: FLORIDA FAMILIES FIRST, INC.

**Current Principal Place of Business:**

4101 PARKER AVE.  
WEST PALM BEACH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

4101 PARKER AVE.  
WEST PALM BEACH, FL 33405 US

**New Mailing Address:**

FEI Number: 59-3153313      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LESLIE, DORLA  
4101 PARKER AVE  
WEST PALM BEACH, FL 33405 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: TD ( ) Delete  
Name: DORLA, LESLIE  
Address: 471 SPENCER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: P ( ) Delete  
Name: BERNSTEN, MICHAEL  
Address: 14041 ICOT BLVD  
City-St-Zip: CLEARWATER, FL 33760

Title: SD ( ) Delete  
Name: MOYNAHAN, MARY JO  
Address: 2960 ROOSEVELT BLVD.  
City-St-Zip: CLEARWATER, FL 33760

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: DORLA, LESLIE  
Address: 4101 PARKER AVE  
City-St-Zip: WEST PALM BEACH, FL 33405

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: DORLA LESLIE

TD

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date