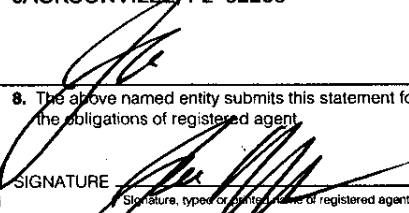
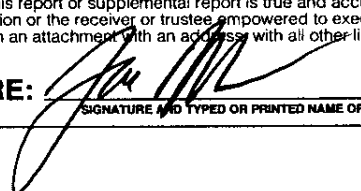


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90045 014 ****70.00

DOCUMENT # N93000001236 1. Entity Name FAMILY NURTURING CENTER OF FLORIDA, INC.					
Principal Place of Business 1221 KING ST. JACKSONVILLE, FL 32204 US			Mailing Address 1221 KING ST. JACKSONVILLE, FL 32204 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country			
4. FEI Number 59-7004981				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		
NULLET, JOE 1269 WOLFE STREET JACKSONVILLE, FL 32205			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  Joe Nullet, Executive Director, 4-20-04 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, 2004		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 WILSON, DEE 4481 WILDERNESS LANE JACKSONVILLE, FL 32258	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBBS, MELINDA 2253 BEACHCOMBER TRAIL ATLANTIC BCH, FL 32233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELINDA GIBBS (SAME) ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, SUSAN 200 FIRST STREET, STE. B NEPTUNE BEACH, FL 32266	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUSAN GREEN (SAME) ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRICKLAND, DARYL 1946 BEACHSIDE COURT ATLANTIC BEACH, FL 32233	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEVIN OSTEN 2605 RIDGEWOOD ROAD JACKSONVILLE, FL 32207 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED NULLET, JOE 1269 WOLFE STREET JACKSONVILLE, FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELENA STEPHENS 3118 WINTON DRIVE JACKSONVILLE, FL 32208 ☐ 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 exemption stated in Section 119.07(3)(i), 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:  Joe Nullet, Executive Director, 4-20-04 (904) 3894244 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					