
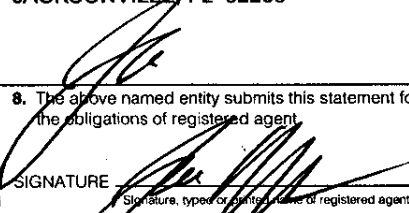
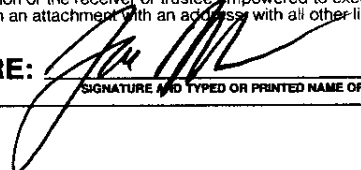


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		4. FEI Number 59-7004981	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DEE		NAME		
STREET ADDRESS	4481 WILDERNESS LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, MELINDA		NAME	MELINDA GIBBS	
STREET ADDRESS	2253 BEACHCOMBER TRAIL		STREET ADDRESS	(SAME)	
CITY-ST-ZIP	ATLANTIC BCH, FL 32233		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, SUSAN		NAME	SUSAN GREEN	
STREET ADDRESS	200 FIRST STREET, STE. B		STREET ADDRESS	(SAME)	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, DARYL		NAME	KEVIN OSTEN	
STREET ADDRESS	1946 BEACHSIDE COURT		STREET ADDRESS	2605 RIDGEWOOD ROAD	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	ED	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NULLET, JOE		NAME	DELENA STEPHENS	
STREET ADDRESS	1269 WOLFE STREET		STREET ADDRESS	3118 WINTON DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 #	