

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702244

FILED
Feb 25, 2004
Secretary of State**Entity Name:** FAMILY SERVICE AGENCY INC**Current Principal Place of Business:**3347 N UNIVERSITY DR
DAVIE, FL 33024**New Principal Place of Business:****Current Mailing Address:**3347 N UNIVERSITY DR
DAVIE, FL 33024**New Mailing Address:****FEI Number:** 59-0824455 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WALLIN, BRUCE C.
3347 NORTH UNIVERSITY DR
DAVIE, FL 33024 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:** CD () Delete
Name: KAPLAN, SHARON A
Address: FISHER & PHILLIPS, 405 E. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301**Title:** TD () Delete
Name: HANCOCK, HAROLD
Address: 3003 TERRAMAR ST 801
City-St-Zip: FORT LAUDERDALE, FL 33304**Title:** PD () Delete
Name: WALLIN, BRUCE C.
Address: 1431 NE 17TH AVE
City-St-Zip: FT LAUDERDALE, FL**Title:** SD () Delete
Name: HAWKINS, MICHELE
Address: 5550 NE 26TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: DEMORE, JOEANN
Address: 2863 EXECUTIVE PARK DRIVE, SUITE 105
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE C. WALLIN

PD

02/25/2004

Electronic Signature of Signing Officer or Director

Date