

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719194

FILED
Jan 20, 2009
Secretary of State

Entity Name: FAMILY RESOURCES, INC.

Current Principal Place of Business:

5180 62ND AVENUE
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

5180 62ND AVENUE
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 23-7146873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, JANE L
5180 62ND AVENUE
PINELLAS PARK, FL 33781 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: O () Delete
Name: HARPER, JANE L.
Address: 5180 62ND AVENUE
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: D () Delete
Name: SHEPARD, GARY C
Address: 557 DUNCAN AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

Title: D () Delete
Name: ANDREWS, THOMAS MD
Address: 801 6TH STREET SOUTH #761
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D () Delete
Name: WILSEY, STEVEN M
Address: 1000 16TH STREET N.
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: D () Delete
Name: BOWMAN, PAMELA J
Address: 10846 97TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33773 US

Title: D () Delete
Name: WIGGINS, CAROLYN
Address: 3066 HIGHLAND STREET N
City-St-Zip: ST. PETERSBURG, FL 33704 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANDREWS, THOMAS M
Address: 2171 OCEANVIEW DRIVE
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: D (X) Change () Addition
Name: SHEPARD, GARY C
Address: 557 DUNCAN AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

Title: D (X) Change () Addition
Name: GAYLOR, PAMELA
Address: 6000 2ND STREET S
City-St-Zip: ST. PETERSBURG, FL 33705 US

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: THOMAS M. ANDREWS, MD

MR

01/20/2009

Electronic Signature of Signing Officer or Director

Date