

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741497

FILED
Jan 14, 2009
Secretary of State

Entity Name: FAMILY RESOURCE CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

155 SOUTH MIAMI AVENUE
400
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

155 SOUTH MIAMI AVENUE
400
MIAMI, FL 33130 US

New Mailing Address:

FEI Number: 59-1788265 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WUNDERMAN, OREN PHD
155 SOUTH MIAMI AVE
STE 400
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

FAMILY RESOURCE CENTER
155 SOUTH MIAMI AVE
STE 400
MIAMI, FL 33130 US

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: OREN WUNDERMAN

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: LIEBMAN, SHARON ESQ
Address: 150 W. FLAGLER ST. #1910
City-St-Zip: MIAMI, FL 33130

Title: TD () Delete
Name: MENDEZ, JO
Address: 3275 NW 87TH AVE
City-St-Zip: MIAMI, FL 33172

Title: ED () Delete
Name: WUNDERMAN, OREN PHD
Address: 155 S. MIAMI AVE. #400
City-St-Zip: MIAMI, FL 33130

Title: VC () Delete
Name: HUTTON, JOHN ESQ
Address: 1221 BRICKELL AVENUE #2713
City-St-Zip: MIAMI, FL 33131

Title: SC (X) Delete
Name: FERNANDEZ, ROBERT ESQ
Address: 800 DOUGLAS ROAD #850
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: HUTTON, JOHN ESQ
Address: 1221 BRICKELL AVE SUITE 2713
City-St-Zip: MIAMI, FL 33131

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

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

Title: VC (X) Change () Addition
Name: FERNANDEZ, ROBERT ESQ
Address: 800 DOUGLAS ROAD #850
City-St-Zip: CORAL GABLES, FL 33134

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: OREN WUNDERMAN

ED

01/14/2009

Electronic Signature of Signing Officer or Director

Date