

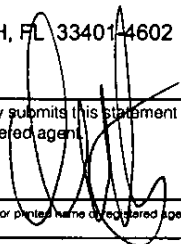
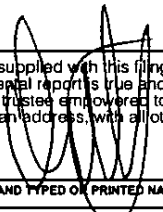


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90234 036 \*\*\*\*61.25

<b>DOCUMENT # 747696</b> 1. Entity Name <b>THE FLORIDA FAMILY SUPPORT COUNCIL, INC.</b>					
Principal Place of Business <b>C/O DON PICKETT 330 CLEMATIS ST., SUITE #201 WEST PALM BEACH, FL 33401-4602</b>				Mailing Address <b>C/O DON PICKETT 330 CLEMATIS ST., SUITE #201 WEST PALM BEACH, FL 33401-4602</b>	
2. Principal Place of Business <b>325 Clematis Street</b> Suite, Apt. #, etc. <b>Second Floor - Suite B</b>		3. Mailing Address <b>325 Clematis Street</b> Suite, Apt. #, etc. <b>Second Floor - Suite B</b>			
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>		4. FEI Number <b>59-2013591</b>	
Zip <b>33401-4610</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PICKETT, DON 330 CLEMATIS ST. STE. 201 WEST PALM BEACH, FL 33401-4602</b>				7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>325 Clematis Street</b> <b>Second Floor - Suite B</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401-4610</b>	
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  <b>DON PICKETT</b> DATE <b>4/26/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICKETT, DON 330 CLEMATIS, STE. 201 WEST PALM BCH., FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 325 Clematis Street, Second Floor-Suite B West Palm Beach, FL 33401-4610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, DEBROAH 651 4TH STREET SW LARGO, FL	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSCHAFT, BETH-ANN 11110 REDWOOD AVE. PEMBROKE PINES, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, ELAINE 1916 14TH ST., 3RD FLOOR TAMPA, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.					
<b>SIGNATURE:</b> 		<b>DON PICKETT</b>		<b>4/28/06</b> (561) 655-7383	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	