

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766669

FILED
Jan 18, 2008
Secretary of State

Entity Name: FIRST CARE FAMILY RESOURCES, INC.

Current Principal Place of Business:

3405 FOREST HILL BLVD
SUITE 104
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 15198
WEST PALM BEACH, FL 334165198 US

New Mailing Address:

FEI Number: 59-2248369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCAS, JOHN CHAIR
1177 HYPOLUXO ROAD
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

LUCAS, JOHN CHAIR
5167 DEERHURST CRESCENT CIRCLE
BOCA RATON, FL 33486 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:

01/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BACZEWSKI, CHRIS
Address: 455 NE 2 STREET
City-St-Zip: BOCA RATON, FL 33432

Title: VP () Delete
Name: BREWER, JAMES
Address: 1800 BACON POINT RD
City-St-Zip: PAHOKEE, FL 33476

Title: D () Delete
Name: CHAPMAN, GARY
Address: 5926 BARTRAM STREET
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: LEE, JOSEPH
Address: 1086 ISLAND MANOR DRIVE
City-St-Zip: GREENACRES, FL 33413

Title: PRES () Delete
Name: LUCAS, JOHN K
Address: 1177 HYPOLUXO RD
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: DOLPHUS, GARY
Address: 7881 PEBBLE BEACH COURT
City-St-Zip: LAKE WORTH, FL 33467

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

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

Title: D (X) Change () Addition
Name: VIRELLES, MOISES
Address: 15710 CEDAR GROVE LANE
City-St-Zip: WELLINGTON, FL 33414

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: JOHN K LUCAS

PRES

01/18/2008

Electronic Signature of Signing Officer or Director

Date