2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000750

Entity Name: FOCUS ON THE FAMILY, INC

FILED Apr 16, 2009 Secretary of State

8605 EXPLORER DR COLORADO SPRINGS, CO 80920

Current Mailing Address: New Mailing Address:

8605 EXPLORER DR COLORADO SPRINGS, CO 80920

FEI Number: 95-3188150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete DOBSON, DR. JAMES C PH.D CARUANA, PATRICK C M.S. Name: Name: 8605 EXPLORER DR Address: 8605 EXPLORER DR Address:

City-St-Zip: COLORADO SPRINGS, CO 80920 City-St-Zip: COLORADO SPRINGS, CO 80920

Title: PD Title: () Delete () Change () Addition

DALY, JAMES D Name: Name: Address: 8605 EXPLORER DR Address: COLORADO SPRINGS, CO 80920 City-St-Zip: City-St-Zip:

Title: VCD () Delete Title: (X) Change () Addition

CARUANA, PATRICK M.S. MENDELSOHN, STU Name: Name: 8605 EXPLORER DR Address: Address: 8605 EXPLORER DR

City-St-Zip: COLORADO SPRINGS, CO 80920 City-St-Zip: COLORADO SPRINGS, CO 80920

(X) Change () Addition Title: SD () Delete Title:

Name: DOBSON, SHIRLEY Name: CROW, WADE D

Address: 8605 EXPLORER DR Address: 8605 EXPLORER DR City-St-Zip: COLORADO SPRINGS, CO 80920 City-St-Zip: COLORADO SPRINGS, CO 80920

ASD Title:

Title: () Delete (X) Change () Addition MENDELSOHN, STU TACKETT, BUFORD III Name: Name:

8605 EXPLORER DR 8605 EXPLORER DR Address: Address:

COLORADO SPRINGS, CO 80920 City-St-Zip: City-St-Zip: COLORADO SPRINGS, CO 80920

Title: (X) Delete Title: () Change () Addition

CROW, WADE D CFO Name: Name: Address: 8605 EXPLORER DR Address: COLORADO SPRINGS, CO 80920 City-St-Zip: 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: WADE CROW Т 04/16/2009