2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003723

Entity Name: FAMILY SERVICE CENTERS, INC.

FILED Jan 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2960 ROOSEVELT BLVD CLEARWATER, FL 33760

Current Mailing Address: New Mailing Address:

2960 ROOSEVELT BLVD CLEARWATER, FL 33760

FEI Number: 59-3651126 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:

KIRK, DAVID

2960 ROOSEVELT BLVD

CLEARWATER, FL 33760 US

MONAHAN, MARY JO

2960 ROOSEVELT BLVD

CLEARWATER, FL 33760 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: MARY JO MONAHAN 01/28/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P/D
 () Delete
 Title:
 P/D
 (X) Change () Addition

 Name:
 HALL, JUDY A
 Name:
 KING, MALCOLM C

 Address:
 370 PINELLAS BAYWAY #H
 Address:
 662 SEVENTH AVENUE NORTH

 City-St-Zip:
 TIERRA VERDE, FL 33715
 TIERRA VERDE, FL 33715

Title: DΛ () Delete Title: (X) Change () Addition GREENE, MARCUS W Name: NEWSOME, LARRY J Name: Address: 8461 125TH CT N Address: 6538 FIRST AVENUE NORTH City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: ST. PETERSBURG, FL 33718

Title: D () Delete Title: () Change () Addition

 Name:
 HAYWARD, BETTY
 Name:

 Address:
 5234 DR. M.L. KING ST S
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33705
 City-St-Zip:

 $\label{eq:title:def} {\sf Title:} \qquad {\sf D/S} \qquad (\) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S/D} \qquad ({\sf X}) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 JACKSON, DORETHA S
 Name:
 ALBANESE, MARCIA

 Address:
 1015 10TH AVE NORTH
 Address:
 323 JEFFORDS MS #14

 City-St-Zip:
 ST PETERSBURG, FL 33705
 City-St-Zip:
 CLEARWATER, FL 33757

Title: D () Delete Title: () Change () Addition

 Name:
 LERNER, LINDA S
 Name:

 Address:
 8022 OAK FOREST BLVD W
 Address:

 City-St-Zip:
 SEMNIOLE, FL 33776
 City-St-Zip:

Title: T/D () Delete Title: T/D (X) Change () Addition Name: NEWSOME, LARRY J Name: HUMPHREYS, SUSAN H

Address: 6798 CROSSWINDS DRIVE NORTH #A101 Address: 1822 DREW STREET #5
City-St-Zip: ST PETERSBURG, FL 33710 City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARCIA ALBANESE S/D 01/28/2004