

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# N00000003723

Entity Name: FAMILY SERVICE CENTERS, INC.

Current Principal Place of Business:

2960 ROOSEVELT BLVD
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

2960 ROOSEVELT BLVD
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3651126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONAHAN, MARY JO
2960 ROOSEVELT BLVD
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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:

Title: P/D () Delete
Name: NEWSOME, LARRY J
Address: 6307 PASADENA POINT BLVD
City-St-Zip: GULFPORT, FL 33707

Title: V/D () Delete
Name: MALMAD, SUE J
Address: 1315 74TH CIRCLE NE
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Delete
Name: HAYWARD, BETTY
Address: 5234 DR. M.L. KING ST S
City-St-Zip: ST PETERSBURG, FL 33705

Title: T/D () Delete
Name: ALLAN, SUSAN
Address: 17506 BROWN ROAD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: LERNER, LINDA S
Address: 8022 OAK FOREST BLVD W
City-St-Zip: SEMNIOLE, FL 33776

Title: D () Delete
Name: TUFT, JON E
Address: 740 CAPTIVA COURT NE
City-St-Zip: ST. PETERSBURG, FL 33702

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: D (X) Change () Addition
Name: DIAMOND, JR., FRANK B MD
Address: 1731 PINE CREEK COURT
City-St-Zip: SAFETY HARBOR, FL 34695

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY J. NEWSOME

P/D

01/03/2007

Electronic Signature of Signing Officer or Director

_____ Date