2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003723

Entity Name: FAMILY SERVICE CENTERS, INC.

FILED Jan 16, 2009 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	SEVELT BLVD TER, FL 3376	0			
Current Mailing Address:			New Maili	New Mailing Address:	
	SEVELT BLVD TER, FL 3376	0			
FEI Number:	59-3651126	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	I, MARY JO SEVELT BLVD TER, FL 3376	O US			
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATURE:					
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D () I MALMAD, SUE J 1315 74TH CIRC ST. PETERSBUE	LE NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V/D () I NEWSOME, LAR 6538 1ST AVE. N ST. PETERSBUR	1.	Title: Name: Address: City-St-Zip:	V/D (X) Change () Addition RUSSELL, PHILLIP B 100 N. TAMPA STREET, SUITE 3350 TAMPA, FL 33602	
Title: Name: Address: City-St-Zip:	D () HAYWARD, BET 5234 DR. M.L. K ST PETERSBUR	ING ST S	Title: Name: Address: City-St-Zip:	S/D (X) Change () Addition KRAUJALIS, DEBBIE 1414 48TH AVE NE ST PETERSBURG, FL 33703	
Title: Name: Address: City-St-Zip:	T/D () I ALLAN, SUSAN 17506 BROWN I ODESSA, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I DIAMOND, JR., I 1731 PINE CREI SAFETY HARBO	EK COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () RUSSELL, PHILI 100 N. TAMPA S TAMPA, FL 336	T., SUITE 3350	Title: Name: Address: City-St-Zip:	D (X) Change () Addition DOODY, R.J. 3176 65TH WAY N. ST. PETERSBURG, FL 33710	

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: SUE J. MALMAD P/D 01/16/2009