

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003798

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE FAMILY CENTER OF LAKELAND, INC.

Current Principal Place of Business:

5125 CAMBRY LANE
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

5125 CAMBRY LANE
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 59-3677219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOUNG, JAMES B DR.
5125 CAMBRY LANE
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

YOUNG, CHRISTINE S REV.
5125 CAMBRY LANE
LAKELAND, FL 33805 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: CHRISTINE S. YOUNG

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YOUNG, JAMES B DR.
Address: 5125 CAMBRY LANE
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: YOUNG, CHRISTINE S REV.
Address: 5125 CAMBRY LANE
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: RIOLA, PETER R DR.
Address: 23198 ST. NW
City-St-Zip: ST. FRANCIS, MN 55070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: YOUNG, CHRISTINE S REV
Address: 5125 CAMBRY LANE
City-St-Zip: LAKELAND, FL 33805

Title: D (X) Change () Addition
Name: RIOLA, MARTHA R REV.
Address: 1383 130TH AVE NE
City-St-Zip: BLAINE, MN 55434

Title: D (X) Change () Addition
Name: RIOLA, PETER R DR.
Address: 1383 130TH AVE NE
City-St-Zip: BLAINE, MN 55434

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: CHRISTINE S. YOUNG

REV

04/28/2009

Electronic Signature of Signing Officer or Director

Date