2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004
Secretary of State

DOCUMENT# N01000002655

Entity Name: FAMILY CENTRAL AUXILIARY, INC.

Current Principal Place of Business:

840 SW 81ST AVE.
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

840 SW 81ST AVE.
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 65-1100068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEINSTEIN, BARBARA
840 SW 81ST AVE.
NORTH LAUDERDALE, FL 33068

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: PD ( ) Delete
Name: WEINSTEIN, BARBARA ANN EDD
Address: 840 SW 81ST AVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VTD ( ) Delete
Name: WEEKS, TIMOTHY
Address: 840 SW 81ST AVE.
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: CD ( ) Delete
Name: SCHAGRIN, RICHARD G
Address: 840 SW 81ST AVE.
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VC ( ) Change (X) Addition
Name: SHARE, LAWRENCE D
Address: 840 SW 81ST AVE.
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: TIMOTHY WEEKS MR. 03/26/2004

Electronic Signature of Signing Officer or Director — Date