

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002655

FILED  
Jul 08, 2009  
Secretary of State

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)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WEINSTEIN, BARBARA A P  
840 SW 81ST AVE.  
NORTH LAUDERDALE, FL 33068      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: T      ( ) Delete  
Name: GEDDES, AINSWORTH W CPA  
Address: 840 SW 81ST AVE.  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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

Title: C      ( ) Delete  
Name: REY, JUSTO  
Address: 840 SW 81ST AVE.  
City-St-Zip: NORTH LAUDERDALE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VC      (X) Change ( ) Addition  
Name: SMITH, GRANT ESQ.  
Address: 840 SW 81ST AVE.  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: C      (X) Change ( ) Addition  
Name: HOLT, STEVE ESQ.  
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 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: BARBARA A. WEINSTEIN

DR.

07/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date