## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002655

Intity Names FAMILY OFNITRAL ALIVILIARY

FILED Jul 08, 2009 Secretary of State

Entity Nai	me: FAMILY CENTRAL AUXILIARY, INC.		
Current Principal Place of Business:		New Princ	ipal Place of Business:
840 SW 81 NORTH LA	1ST AVE. AUDERDALE, FL 33068		
Current Mailing Address:		New Mailing Address:	
840 SW 87 NORTH LA	IST AVE. AUDERDALE, FL 33068		
In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not receive	-	e.
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
840 SW 81	IN, BARBARA A P 1ST AVE. AUDERDALE, FL 33068 US		
	named entity submits this statement for the purpose e of Florida.	of changing i	ts registered office or registered agent, or both,
SIGNATUR	RE∙		
3,3,1,,,,	Electronic Signature of Registered Agent		 Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete WEINSTEIN, BARBARA ANN EDD 840 SW 81ST AVE NORTH LAUDERDALE, FL 33068	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete GEDDES, AINSWORTH W CPA 840 SW 81ST AVE. NORTH LAUDERDALE, FL 33068	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VC () Delete SCHAGRIN, RICHARD G 840 SW 81ST AVE. NORTH LAUDERDALE, FL 33068	Title: Name: Address: City-St-Zip:	VC (X) Change ( ) Addition SMITH, GRANT ESQ. 840 SW 81ST AVE. NORTH LAUDERDALE, FL 33068
Title: Name: Address:	C () Delete REY, JUSTO 840 SW 81ST AVE.	Title: Name: Address:	C (X) Change ( ) Addition HOLT, STEVE ESQ. 840 SW 81ST AVE.

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.

City-St-Zip:

SIGNATURE: BARBARA A. WEINSTEIN DR. 07/08/2009

NORTH LAUDERDALE, FL 33068

City-St-Zip:

NORTH LAUDERDALE, FL 33068