2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N01000003395

Entity Name: FAMILY SUPPORT SERVICES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

4057 CARMICHAEL AVE
STE 101
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4057 CARMICHAEL AVE
STE 101
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3759863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUVALL, JOHN E ESQ.
225 WATER ST STE 710
JACKSONVILLE, FL 32202 US

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: V ( ) Delete
Name: WIDMAN, MICHAEL
Address: 2864 CLIARE LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: ST ( ) Delete
Name: DRILLING, JOHN
Address: 2862 CLAIRE LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: P ( ) Delete
Name: WIOMAN, MICHAEL
Address: 2864 CLAIRE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: V ( ) Delete
Name: MORLEY, PHILIP
Address: 6221 QUIET COUNTRY LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: EDWARDS, NANCY
Address: 6534 CHRISTOPHER POINT RD. W
City-St-Zip: JACKSONVILLE, FL 32217

Title: P ( ) Delete
Name: LAFER, DENNIS
Address: 13124 MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: ARMSTRONG, GEORGE
Address: 2970 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change ( ) Addition
Name: DRILLING, JOHN
Address: 2862 CLAIRE LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Change ( ) Addition
Name: WIDMAN, MICHAEL
Address: 2864 CLAIRE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: P (X) Change ( ) Addition
Name: MOBLEY, PHILIP
Address: 6221 QUIET COUNTRY LANE
City-St-Zip: JACKSONVILLE, FL 32218

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

Title: S-T (X) Change ( ) Addition
Name: MULLIN, MICHAEL
Address: 960185 GATEWAY BLVD
City-St-Zip: AMELIA ISLAND, FL 32034

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: LEE WILSON CFO 01/20/2009

Electronic Signature of Signing Officer or Director — Date