

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003395

FILED
Jan 13, 2010
Secretary of State

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:

4057 CARMICHAEL AVENUE
SUITE 101
JACKSONVILLE, FL 322072359 US

Current Mailing Address:

4057 CARMICHAEL AVE
STE 101
JACKSONVILLE, FL 32207

New Mailing Address:

4057 CARMICHAEL AVENUE
SUITE 101
JACKSONVILLE, FL 322072359 US

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:

DUVALL, JOHN E ESQ.
225 WATER STREET
SUITE 710
JACKSONVILLE, FL 32202 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: _____

01/13/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D
Name: CLARK, WAYNE
Address: 501 E. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: WIDMAN, MICHAEL
Address: 2864 CLAIRE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: P
Name: MOBLEY, PHILIP
Address: 6221 QUIET COUNTRY LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D
Name: WATERHOUSE, KIMBERLY
Address: 1922 LAKEWOOD CIRCLE S.
City-St-Zip: JACKSONVILLE, FL 32207

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL MULLIN

S-T

01/13/2010

Electronic Signature of Signing Officer or Director

Date