2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003395

FILED Jan 06, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4057 CARMICHAEL AVENUE SUITE 101

JACKSONVILLE, FL 322072359 US

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

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

Title: D

Name: SMITH-JUAREZ, ASHLEY
Address: ONE SAN JOSE PLACE SUITE 7
City-St-Zip: JACKSONVILLE, FL 32257

Title: S-T

 Name:
 ALLIGOOD, JAY JR

 Address:
 139 LIGE BRANCH LANE

 City-St-Zip:
 JACKSONVILLE, FL 32259

Title:

 Name:
 BRUNO, MICHAEL

 Address:
 501 E. BAY STREET

 City-St-Zip:
 JACKSONVILLE, FL 32202

Title:

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

Title: \

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: LEE E. WILSON CFO 01/06/2012