# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 03, 2004**
**Secretary of State**

DOCUMENT# N02000000770

**Entity Name:** A FAMILY FOCUS, INC.

**Current Principal Place of Business:**

834 BANBURY DR
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

834 BANBURY DR
PORT ORANGE, FL 32129

**New Mailing Address:**

**FEI Number: 04-3600868** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: | PT | ( ) Delete |
| Name: | KEIRSTEAD, PETER | |
| Address: | 834 BANBURY DR | |
| City-St-Zip: | PORT ORANGE, FL 32129 | |
| Title: | VS | ( ) Delete |
| Name: | KEIRSTEAD, SHAYLAN | |
| Address: | 834 BANBURY DR | |
| City-St-Zip: | PORT ORANGE, FL 32129 | |
| Title: | D | ( ) Delete |
| Name: | DEFOE, JAMES | |
| Address: | 1366 N. DEXTER DR. | |
| City-St-Zip: | PORT ORANGE, FL 32128 | |
| Title: | D | ( ) Delete |
| Name: | MOBLEY, RAYMOND | |
| Address: | 880 VALENCIA | |
| City-St-Zip: | SOUTH DAYTONA, FL 32118 | |
| Title: | D | (X) Delete |
| Name: | SPEIGHT, VIVIAN | |
| Address: | 9 WOODLAKE DR. | |
| City-St-Zip: | PORT ORANGE, FL 32128 | |
| Title: | D | ( ) Delete |
| Name: | SHULTZ, JAMES | |
| Address: | 550 MAGNOLIA DR. | |
| City-St-Zip: | DAYTONA BEACH, FL 32114 | |

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PETER KEIRSTEAD PT 03/03/2004

Electronic Signature of Signing Officer or Director — Date