

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000770

Entity Name: A FAMILY FOCUS, INC.

FILED  
Apr 14, 2005  
Secretary of State

## Current Principal Place of Business:

834 BANBURY DR  
PORT ORANGE, FL 32129

## New Principal Place of Business:

240 N FREDERICK  
DAYTONA BEACH, FL 32114 US

## Current Mailing Address:

834 BANBURY DR  
PORT ORANGE, FL 32129

## New Mailing Address:

240 N FREDERICK  
SUITE B  
DAYTONA BEACH, FL 32114 US

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 ( ) Delete  
Name: SHULTZ, JAMES  
Address: 550 MAGNOLIA DR.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: DUFOE, JAMES  
Address: 1366 N. DEXTER DR.  
City-St-Zip: PORT ORANGE, FL 32128

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

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

Title: ADMI ( ) Change (X) Addition  
Name: NIXON, JULIE M  
Address: 3620 CARAMEL AVE #55  
City-St-Zip: PORT ORANGE, FL 32129 US

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: JULIE M. NIXON

ADMI

04/14/2005

Electronic Signature of Signing Officer or Director

Date