

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000770

Entity Name: A FAMILY FOCUS, INC.

FILED  
Feb 26, 2008  
Secretary of State

## Current Principal Place of Business:

240 N FREDERICK  
DAYTONA BEACH, FL 32114 US

## New Principal Place of Business:

## Current Mailing Address:

240 N FREDERICK  
SUITE B  
DAYTONA BEACH, FL 32114 US

## 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: 651 MARISOL DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VS ( ) Delete  
Name: KEIRSTEAD, SHAYLAN  
Address: 651 MARISOL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

Title: ASST ( ) Delete  
Name: SHULTZ, CHRISTINA  
Address: 2272 GARFIELD DR  
City-St-Zip: SOUTH DAYTONA, FL 32119

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

## 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: D (X) Change ( ) Addition  
Name: HARRIS, 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 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: CHRISTINA SHULTZ

ASST

02/26/2008

Electronic Signature of Signing Officer or Director

Date