2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0200002020 1. Entity Name FAMILY SERVICES INTERNATIONAL, INC.					04 MAY	ILED 14 AM 3: 04		
Principal Plac P.O.BOX 453 LAKE COMO,	l .	Mailing Address P.O.BOX 453 LAKE COMO, FL 32157			5/5/6	4RY OF STATE SSEE, FLORIDA 73 70/	66 D	03 64
2. Principal Place of Business 900 HuwtingTow Road Suite, Apt. #, etc.		3. Mailing Address 900.44w7; N940N - Road Suite, Apt. #, etc.		-	04282004 Ch	g-NP CR2E	D37 (10/03)	<u> </u>
City & State		City & State Crescent city IIL			4. FEI Number 56-232724		Ap	plied For t Applicable
32112	Country PUTNAM 6. Name and Address of Current	Zip 31(12 Registered Agent	PuTNAM	ســـ	5. Certificate of Status Desired See Required 7. Name and Address of New Registered Agent			
ASHE, PAMALA P 116 OAK STREET LAKE COMO, FL 32157 Name AShe, Pamala P Street Address (P.D. Box Number is Not Acceptable) // L Oak ST City N K = 1 0 0 3 5 5 1 2 2 19 Code)
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Pamala AShe Signature, typed or printed name of registered agent and title if applicable. MOTE: Registered Agent signature required when reinstating) DATE								
	Filing Fee is \$61.25 Due by May 1, 2004	npaign Financing Contribution.		\$5.00 May Be Added to Fees	Make che Florida Depa	ck payable to artment of St		
10.	OFFICERS AND DIF		11.			S TO OFFICERS AND D		
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STREET ADDRESS	· ·			GERALD WAIKER 55 749 Tunction RD				
CITY-ST-ZIP	•			Crescent city FL 32112				
TITLE	SD	⊠ Delete	TITLE	50			☐ Change	Addition
NAME	POWELL, RANDOLPH	NAME	ZAWETA WHIPPHE					
STREET ADDRESS	712 BAY STREET	STREET ADDRESS CITY-ST-ZIP	1642 FTD 61240 21					
CITY-ST-ZIP					470NA Bear	ch FL 32114		670 A 1 1111
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachnent with an address, with all other like empowered.								
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SIGNATURE: Signature and typed on Printed Name of Signing deficer on Director								