2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N02000005198

Entity Name: SOUTH FLORIDA FAMILY RESOURCE CENTER DEERFIELD BEACH, INC.

Current Principal Place of Business:

289 SW 2ND CT
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

289 SW 2ND CT
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 27-0017944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STROWBRIDGE, LAWANNA V PRES
289 SW 2ND CT
DEERFIELD BEACH, FL 33441 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: PD ( ) Delete
Name: STROWBRIDGE, LAWANNA V
Address: 289 SW 2ND CT
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VD ( ) Delete
Name: STROWBRIDGE, RAYMOND
Address: 289 SW 2ND CT
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SD ( ) Delete
Name: MCNEAL, DELICIA
Address: 1820 NW 2ND AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD ( ) Delete
Name: MCNEAL, ANDRE'
Address: 1421 NW 3RD WAY
City-St-Zip: POMPANO BEACH, FL 33060

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:

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: LAWANNA STROWBRIDGE PRES 04/30/2008

Electronic Signature of Signing Officer or Director — Date