2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005605

Entity Name: FAMILY SERVICES OF CENTRAL FLORIDA, INC.

FILED Jan 25, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business |
|--------------------------------------|---------------------------------|
| | |

1300 WEST CITIZENS BLVD SUITE 200 LEESBURG, FL 34748

Current Mailing Address: New Mailing Address:

1300 WEST CITIZENS BLVD SUITE 200 LEESBURG, FL 34748

FEI Number: 54-2082539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BOYETTE, WADE 1300 WEST CITIZENS BLVD SUITE 200 LEESBURG, FL 34748 US

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:

L. _____

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: SINNOTT, MARTIN Name: SINNOTT, MARTIN

Address: 122 S. MICHIGAN AVE, SUITE 1500 Address: 122 SOUTH MICHIGAN AVE, SUITE 1500

City-St-Zip: CHICAGO, IL 60603 City-St-Zip: CHICAGO, IL 60603

Title: VP () Delete Title: C (X) Change () Addition Name: LIVINGSTON, MARLIN Name: FERREIRA, JOE REV

 Address:
 1300 W. CITIZENS BLVD, SUITE 200
 Address:
 112 WESTWOOD DRIVE

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:
 LEESBURG, FL 34748

Title: CHM () Delete Title: D (X) Change () Addition

Name: WAHL, PETE Name: PINO, JORGE E III

Address: 3231 WEDGEWOOD LANE Address: 4000 PONCE DE LEON BLVD, SUITE 470

City-St-Zip: THE VILLAGES, FL 32159 City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete Title: D (X) Change () Addition Name: FERREIRA, JOSEPH Name: MORALES, ADRIANA DR

Address: 112 WESTWOOD DRIVE Address: 14695 BRADDOCK OAK DRIVE
City-St-Zip: LEESBURG, FL 34748 City-St-Zip: ORLANDO, FL 32837

Title: () Delete Title: (X) Change () Addition KNOWLES, DAVID THOMLINSON, BARBARA DR Name: Name: 603 CASCADE AVE 17555 COLLINS AVENUE, APT. 605 Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D () Delete Title: D (X) Change () Addition

 Name:
 DAVIS, ANTONE
 Name:
 SATCHEL, FRANK R JR

 Address:
 11113 VERSAILLES BLVD
 Address:
 806 SE 3RD STREET

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 MULBERRY, FL 33860

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: CHARLES BANDOIAN EVP 01/25/2005