2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008359

FILED Apr 21, 2009 Secretary of State

Entity Name: FAMILY SERVICES OF METRO ORLANDO, INC.

Current Principal Place of Business:			New	New Principal Place of Business:		
2600 TECH	INOLOGY DR	IVE				
SUITE 250 ORLANDO		US				
Current Mailing Address:			New	New Mailing Address:		
	INOLOGY DRIVE			_		
SUITE 250	FL 32804 US					
FEI Number:		FEI Number Applied For ()	FEI Number N	ot Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Nam	e and Address	of New Registered Agent:	
MEROS, GEORGE N JR 301 SOUTH BRONOUGH ST SUITE 600 TALLAHASSEE, FL 32301 US						
The above in the State		submits this statement for the p	urpose of char	ging its register	red office or registered agent, or both,	
SIGNATUR	E:					
	Electron	ic Signature of Registered Age	ent		Date	
OFFICERS	AND DIREC	TORS:	ADD	ITIONS/CHAN	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () RIVAS, XIOMAR 1121 N MAIN S KISSIMMEE, FI	TREET	Title: Name Addre City-S	ss: 450 S. OF	(X) Change()Addition R, CHIRAG RANGE AVE D, FL 32801 US	
Title: Name: Address: City-St-Zip:	DVC () LACERTE JR, 0 1702 W CARRO KISSIMMEE, FI	DLL STREET	Title: Name Addre City-S	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SMITH, ASWAL	R LAKE LANE, UNIT H	Title: Name Addre City-S	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DESAI, SHAMA 8915 LATREC A ORLANDO, FL	AVE #2205	Title: Name Addre City-S	ss: 151 SOUT	(X) Change()Addition AN, DANIEL THHALL LANE, SUITE 250 D, FL 32751 US	
Title: Name: Address: City-St-Zip:	KING, RANDAL	T GEORGE DRIVE	Title: Name Addre City-S	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MOCZO-SANTI, 2758 EAGLE R KISSIMMEE, FI	IDGE LOOP	Title: Name Addre City-S	ss: 86 W. UN	(X) Change()Addition , VEENOD DR DERWOOD ST., STE 202 D, FL 32806 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: ASWAD SMITH C 04/21/2009