

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008559

FILED
Apr 30, 2009
Secretary of State

Entity Name: FAMILY CREATIONS, INC.

Current Principal Place of Business:

5008 MANATEE AVE. WEST
1-B
BRADENTON, FL 34209 US

Current Mailing Address:

5008 MANATEE AVE. WEST
1-B
BRADENTON, FL 34209 US

New Principal Place of Business:

5008 MANATEE AVE. WEST
B
BRADENTON, FL 34209 US

New Mailing Address:

5008 MANATEE AVE. WEST
B
BRADENTON, FL 34209 US

FEI Number: 54-2110435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISEN, CHERYL R
202 N. SWINTON AVE.
DELRAY BEACH, FL 33444 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: DIR () Delete
Name: HERMAN, ED
Address: 10439 WATERBIRD WAY
City-St-Zip: BRADENTON, FL 34207

Title: DIR () Delete
Name: SCHUCK, LAURA
Address: 5207 BAY STATE ROAD
City-St-Zip: PALMETTO, FL 34221

Title: DIR () Delete
Name: HANNON, TOM
Address: 2175 SHADOW OAKS RD
City-St-Zip: SARASOTA, FL 34240

Title: DIR () Delete
Name: ZEPPI, KIRK N
Address: 6208 38TH AVE. WEST
City-St-Zip: BRADENTON, FL 34209

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: CHERYL EISEN

O

04/30/2009

Electronic Signature of Signing Officer or Director

Date