2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001371

Entity Name: FAMILIES FIRST OF SOUTHWEST FLORIDA, INC.

FILED Apr 23, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
13282 HIGHLAND CHASE PLACE FORT MYERS, FL 33913				2072 VICTORIA AVENUE FORT MYERS, FL 33901		
Current Mailing Address:				New Mailing Address:		
13282 HIGHLAND CHASE PLACE FORT MYERS, FL 33913				2072 VICTORIA AVENUE FORT MYERS, FL 33901		
FEI Number: 56-2	371153	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PARNES, CONSTANCE 8192 COLLEGE PKWY, STE 25 FT MYERS, FL 33919 US				SOUKUP, SHERYL 2072 VICTORIA AVENUE FT MYERS, FL 33901 US		
The above namin the State of F		ubmits this statement for the pu	ırpose o	f changing it	s registered of	ffice or registered agent, or both,
SIGNATURE:	SHERYL S	SOUKUP				04/23/2004
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SOUKUP, SHER	ID CHASE PLACE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	FILLA, TRACY	Change (X) Addition ID CHASE PLACE FL 33913
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MS. () MOCK, KAREN 3815 SE 1ST PI CAPE CORAL, I	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MS. () YOUNG, CHRIS 21576 BERWIC ESTERO, FL 33	H RUN
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MS. () MANNING, DON 2523 MARKET S FORT MYERS,	STREET
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MS. () DJERF, DONNA 2523 MARKET S FORT MYERS,	STREET

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: SHERYL SOUKUP MS. 04/23/2004

MS. KATE WOODLOCK FAITH IN ACTION OF SOUTHWEST FLORIDA 2507 DEL PRADO BLVD. CAPE CORAL, FL 33904