

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 27, 2006
Secretary of State

DOCUMENT# N03000001371

Entity Name: FAMILIES FIRST OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**11381 GATEWAY BLVD.
FORT MYERS, FL 33913**New Principal Place of Business:**1650 MEDICAL LANE. SUITE #4A
FORT MYERS, FL 33907 US**Current Mailing Address:**11381 GATEWAY BLVD.
FORT MYERS, FL 33913**New Mailing Address:**P.O. BOX 150958
CAPE CORAL, FL 33915 US**FEI Number:** 56-2371153**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOUKUP, SHERYL
11381 GATEWAY BLVD.
FORT MYERS, FL 33913 US**Name and Address of New Registered Agent:**LOPICCOLO, ANTHONY J
1650 MEDICAL LANE SUITE #4A
FORT MYERS, FL 33907 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: ANTHONY LOPICCOLO

10/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SOUKUP, SHERYL
Address: 13266 HIGHLAND CHASE PLACE
City-St-Zip: FORT MYERS, FL 33913

Title: V/D () Delete
Name: REEVES, LOUISE
Address: C/O FAMILIES FIRST, 11381 GATEWAY BLVD
City-St-Zip: FORT MYERS, FL 33913

Title: S/D () Delete
Name: HOLLWAY, KRISTIN
Address: 2721 EGRET CT.
City-St-Zip: ST. JAMES CITY, FL 33956

Title: D () Delete
Name: YEVIK, JUDITH
Address: 1454-4 PARK SHORE CIR
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: LOGSDAN, AMY
Address: C/O KIDTALK, 12670 NEW BRITTANY BLVD, STE
City-St-Zip: FORT MYERS, FL 33907

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ANTHONY, LOPICCOLO J
Address: 113 NE 6TH AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: VP/D (X) Change () Addition
Name: MEUSSNER, BARBARA
Address: 1650 MEDICAL LANE SUITE #4A
City-St-Zip: FORT MYERS, FL 33907

Title: S/D (X) Change () Addition
Name: LOPICCOLO, KATHLEEN
Address: 113 NE 6TH AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: T/D (X) Change () Addition
Name: MEUSSNER, DAVID F
Address: 838 SW 56TH ST
City-St-Zip: CAPE CORAL, FL 33914

Title: D (X) Change () Addition
Name: MEUSSNER, HERBERT
Address: 1650 MEDICAL LANE SUITE #4
City-St-Zip: FORT MYERS, FL 33907

Title: D () Change (X) Addition
Name: MEUSSNER, DIANE
Address: 1650 MEDICAL LANE SUITE #4
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY LOPICCOLO

P/D

10/27/2006

Electronic Signature of Signing Officer or Director

Date