

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003969

FILED
Sep 07, 2004
Secretary of State

Entity Name: FOCUS-FAMILY ORIRNTED COMMUNITY UNITED, STRONG FAITH-BASED COMMUNITY DEVELOPMENT, INCORPORATED

Current Principal Place of Business:

1605 TALLEVEAST ROAD
TALLEVAST, FL

New Principal Place of Business:

1605 TALLEVEAST ROAD
TALLEVAST, FL 34270

Current Mailing Address:

PO BOX 338
TALLEVAST, FL 34270

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WASHINGTON, MARVIN L
7616 16TH STREET EAST
TALLEVAST, FL 34270 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: () Delete
Name:
Address:
City-St-Zip:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RA () Change (X) Addition
Name: WASHINGTON, MARVIN L
Address: PO BOX 338
City-St-Zip: TALLEVAST, FL 34270

Title: PRES () Change (X) Addition
Name: WARD, LAURA A
Address: PO BOX 338
City-St-Zip: TALLEVAST, FL 34270

Title: VP () Change (X) Addition
Name: WASHINGTON, WANDA D
Address: PO BOX 338
City-St-Zip: TALLEVAST, FL 34270

Title: TRES () Change (X) Addition
Name: FLEMMING, LILLIE M
Address: PO BOX 338
City-St-Zip: TALLEVAST, FL 34270

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: WARD, LAURA A

PRES

09/07/2004

Electronic Signature of Signing Officer or Director

Date