

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


7/12/2

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-12-2004 90021 037 ****61.25

DOCUMENT # N03000007966

1. Entity Name
NANCY EDWARDS FAMILY SERVICES, INC.




Principal Place of Business
**2571 NW 16TH STREET
 FORT LAUDERDALE, FL 33311**

Mailing Address
**2571 NW 16TH STREET
 FORT LAUDERDALE, FL 33311**

2. Principal Place of Business
 -Surg., Adl., F., etc.
 City & State
 Zip Country

3. Mailing Address
 -Surg., Adl., F., etc.
 City & State
 Zip Country

66430589



07032004 Chg-NP CR2E097 (10/03)

4. FEI Number
73-1696807 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MOORE, MELISA
 2571 NW 16TH STREET
 FORT LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent
 Name 0 0 4 0 4 0
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and filer's signature. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Fee Added to Fees

Make check payable to Florida Department of State

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TU	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, MARLYN 2571 NW 16TH STREET FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, WINNIFRED 2571 NW 16TH STREET FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ALBERTA 2571 NW 16TH STREET FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: *Melisa Moore* 7/6/04