


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 26 PM 4: 50

DOCUMENT # N03000008790					
1. Entity Name FAMILIES RESTORING THE HOMEFRONT PARENTING GROUP INC.					
Principal Place of Business 1012 SILVER RIDGE DRIVE TALLAHASSEE, FL 32305			Mailing Address 1012 SILVER RIDGE DRIVE TALLAHASSEE, FL 32305		
2. Principal Place of Business Same as Above		3. Mailing Address Same as Above			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 41-2037767	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CLARK, SHELIA P 1012 SILVER RIDGE DRIVE TALLAHASSEE, FL 32305			7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D <input type="checkbox"/> Delete	NAME CLARK, SHELIA		TITLE Educator <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Carmen Codeman	
STREET ADDRESS 1012 SILVER RIDGE DRIVE	CITY-ST-ZIP TALLAHASSEE, FL 32305		STREET ADDRESS 1693 Rodeo Drive	CITY-ST-ZIP Tallahassee, FL 32311	
TITLE Board member <input checked="" type="checkbox"/> Delete	NAME Margie Jessup		TITLE Bookkeeper <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Harriet Jackson	
STREET ADDRESS P.O. Box 7627	CITY-ST-ZIP Tallahassee, FL 32314		STREET ADDRESS 2618 Country Club Dr.	CITY-ST-ZIP Tallahassee, FL 32301	
TITLE Canastota Hall <input checked="" type="checkbox"/> Delete	NAME 226 Hazelwood Rd		STREET ADDRESS 000031805930		
CITY-ST-ZIP Tallahassee, FL 32310	CITY-ST-ZIP 04/05/04--01011--009 **70.00				
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <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(3)(i), 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 like empowered.					
SIGNATURE: <u>Shelia P. Clark</u> <u>3-20-2004</u> <u>(850) 878-3621</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					