

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N03000008836

Entity Name: THE VILLAGE FAMILY RESOURCE CENTER, INC.

**Current Principal Place of Business:**

9034 SECOND AVE.  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

9034 SECOND AVE.  
JACKSONVILLE, FL 32208

**New Mailing Address:**

FEI Number: 54-2143809      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DINAHSTY'S  
9951 ATKANTIC BLVD.  
SUITE 317-1  
JACKSONVILLE, FL 32225 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: P ( ) Delete  
Name: HARRIS, JENNIFER  
Address: 9034 SECOND AVE.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Delete  
Name: ALEXANDER, JOY  
Address: 9034 SECOND AVE.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete  
Name: EDMOND, JACQUELINE  
Address: 9034 SECOND AVE.  
City-St-Zip: JACKSONVILLE, FL 32208

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JENNIFER HARRIS

P

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date