

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010103

FILED
Mar 25, 2006
Secretary of State

Entity Name: FAMILY MATTERS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

824 SUMMIT GREENS BLVD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

824 SUMMIT GREENS BLVD
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 06-1713806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, LYNN W
2716 REW CIRCLE
SUITE 1021
OCOOE, FL 34711 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: PVST () Delete
Name: BEKEMEYER, AMY
Address: 824 SUMMIT GREENS BLVD
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: BEKEMEYER, AMY
Address: 824 SUMMIT GREENS BLVD
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: BEKEMEYER, JON
Address: 824 SUMMIT GREENS BLVD
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: HULETTE, VICKI
Address: 321 ERON WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: ROWIN, DEBBIE
Address: 1420 16TH STREET
City-St-Zip: CLERMONT, FL 34711

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:

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 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: JON BEKEMEYER

D

03/25/2006

Electronic Signature of Signing Officer or Director

Date