## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # N03000010445 01-17-2006 90258 030 \*\*\*\*70.00 A FAMILY'S FUTURE, INC. Principal Place of Business Mailing Address 20001221 1 MEIGS DRIVE 1 MEIGS DRIVE FORT WALTON BEACH, FL 32579 SHALIMAR, FL 32579 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For Shalimar, FL 20-0498447 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHESSER, MICHAEL-1201 EGLIN PARKWAY Street Address (P.O. Box Number is Not Acceptable) SHALIMAR, FL 32579 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 title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to, Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition Redenbacher REDENBACKER, SANDY NAME NAME STREET ADDRESS 2027 KILDARE CIRCLE STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 CITY-ST-7IP Delete MLE Addition ☐ Change HOFMAN, FLORENCE Brown, Lisa 29 Sharilyn Dr. NAME NAME STREET ADDRESS **751 OLIVIA COURT** STREET ADDRESS Shalimar, FL 32579 CITY-ST-ZIP FORT WALTON BEACH, FL. 32547 CITY-ST-ZIP TITLE Delete TILE Addition Murphy-Redd, Kelly 187 Wright Circle REDENBACHER, SANDY NAME NAME STREET ADDRESS 4440 WINDWARD LANE COVE STREET ADDRESS Niceville, FL 32578 CITY-ST-ZIP NICEVILLE, FL. 32578 CETY-ST-ZIP TTTLE Delete Change Addition Tiedemann, Esther NAME **GARLINGTON, LIZ** NAME 61 Lake Lorraine Circle STREET ADDRESS 2049 KILDARE CIRCLE STREET ADDRESS CHY-ST-7P NICEVILLE, FL 32578 Shalimar, FL 32579 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME ANGERMAN, RAY PASTOR STREET ADDRESS 206 DEVON COURT STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32547 CITY-ST-ZIP TILE ☐ Delete TITLE **Change** Addition RIGGENBACK, JAN NAME Riggenbach STREET ADDRESS 81-C POQUITO ROAD STREET ADDRESS SHALIMAR, FL 32579 CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of 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:

FILED

Jan 17, 2006 8:00 am