
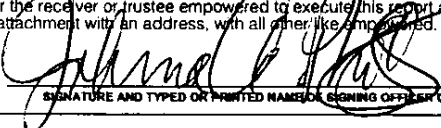


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90037 032 ****70.00

DOCUMENT # N03000010445 1. Entity Name A FAMILY'S FUTURE, INC.					
Principal Place of Business 1 MEIGS DRIVE FORT WALTON BEACH, FL 32579			Mailing Address 1 MEIGS DRIVE SHALIMAR, FL 32579		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 20-0498447
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CHESSER, MICHAEL 1201 EGLIN PARKWAY SHALIMAR, FL 32579		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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, JOHANNA 106 LOUISE DR CRESTVIEW, FL 32536 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Baker, Keat 650 Country Club Dr. Ft. Walton Beach, FL 32547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY-REDD, KELLY 187 WRIGHT CIR NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Deb Privette 511 Matthew St. Niceville, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM YANCEY, HENRY JR 4684 E HWY 20 NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Elsie Kelly 471 Hwy 98 West Mary Esther, FL 32569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ANGERMAN, RAY PASTOR 206 DEVON COURT FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Fred Reinke 43 mooney Rd. Fort Walton Beach, FL 32547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM RIGGENBACH, JAN 81-C POQUITO ROAD SHALIMAR, FL 32579 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Marlene Reinke 43 mooney Rd. Fort Walton Beach, FL 32547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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 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: 			Date 4-15-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					