2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N03000010445

Entity Name: A FAMILY'S FUTURE, INC.

Current Principal Place of Business:

1 MEIGS DRIVE
FORT WALTON BEACH, FL 32579

New Principal Place of Business:

Current Mailing Address:

1 MEIGS DRIVE
SHALIMAR, FL 32579

New Mailing Address:

1 MEIGS DRIVE
FORT WALTON BEACH, FL 32579

FEI Number: 20-0498447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHESSER, MICHAEL
1201 EGLIN PARKWAY
SHALIMAR, FL 32579 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:	T	(X) Delete
Name:	PHILLIPS, JOHANNA	
Address:	106 LOUISE DR	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	S	( ) Delete
Name:	PRIVETTE, DEB	
Address:	511 MATTHEW ST.	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	BM	( ) Delete
Name:	ELSIE, KELLY	
Address:	471 HWY 98 WEST	
City-St-Zip:	MARY ESTHER, FL 32569	
Title:	BM	( ) Delete
Name:	ANGERMAN, RAY PASTOR	
Address:	206 DEVON COURT	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	BM	( ) Delete
Name:	RIGGENBACH, JAN	
Address:	81-C POQUITO ROAD	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	BM	( ) Delete
Name:	REINKE, FRED	
Address:	43 MOONEY RD.	
City-St-Zip:	FORT WALTON BEACH, FL 32547	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	PRIVETTE, DEB	
Address:	511 MATHEW ST.	
City-St-Zip:	NICEVILLE, FL 32578	
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 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: DEB PRIVETTE S 01/06/2009
Electronic Signature of Signing Officer or Director — Date