

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2006  
Secretary of State**

DOCUMENT# N03758

Entity Name: FAMILY BOOK CENTER, INC.

**Current Principal Place of Business:**

409 E. BROWARD BLVD.  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

409 E. BROWARD BLVD.  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 59-2421080      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JEFFRIES, MICHAEL REV.  
409 E. BROWARD BLVD.  
FT. LAUDERDALE, FL 33301      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: D      ( ) Delete  
Name: PADRON, GAIL  
Address: 20410 SE 48 PLACE  
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: D      ( ) Delete  
Name: JEFFRIES, MICHAEL REV.  
Address: 409 E. BROWARD BLVD.  
City-St-Zip: FT. LAUDERDALE, FL

Title: D      ( ) Delete  
Name: CASTEEL, SANDRA,  
Address: 1135 N RIO VISTA  
City-St-Zip: FT. LAUDERDALE, FL

Title: D      ( ) Delete  
Name: MCCONNELL, M. C  
Address: 8754 SW 51 STREET  
City-St-Zip: COOPER CITY, FL

**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:

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: GAIL PADRON

D

03/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date