2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
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 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: CHRISTOPHER R. LLOYD CFO 03/23/2009

Electronic Signature of Signing Officer or Director Date