


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90271 050 ****61.25

DOCUMENT # N03758

1. Entity Name
FAMILY BOOK CENTER, INC.



Principal Place of Business
**409 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301**

Mailing Address
**409 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2421080**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JEFFRIES, MICHAEL REV.
409 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	PADRON, GAIL
STREET ADDRESS	20410 SE 48 PLACE
CITY-ST-ZIP	FORT LAUDERDALE FL 33332
TITLE	D <input type="checkbox"/> Delete
NAME	JEFFRIES, MICHAEL REV.
STREET ADDRESS	409 E. BROWARD BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> Delete
NAME	CASTEEL, SANDRA
STREET ADDRESS	1135 N RIO VISTA
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> Delete
NAME	MCCONNELL, M. C
STREET ADDRESS	8754 SW 51 STREET
CITY-ST-ZIP	COOPER CITY FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *MICHAEL REV. JEFFRIES* **Michael Jeffries, Director 4123103** **954-831-1113**



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)