2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N03758

1. Entity Name

FAMILY BOOK CENTER, INC.



FILED

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

Apr 28, 2003 8:00 am Secretary of State

Principal Place of Business Mailing Address 409 E. BROWARD BLVD. 409 E. BROWARD BLVD. 11018394 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FE! Number 59-2421080 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEFFRIES, MICHAEL REV. Street Address (P.O. Box Number is Not Acceptable) 409 E. BROWARD BLVD. FT. LAUDERDALE FL 33301 Citv 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PADRON, GAIL NAME STREET ADDRESS 20410 SE 48 PLACE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33332 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE JEFFRIES, MICHAEL REV. NAME NAME STREET ADDRESS 409 E. BROWARD BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP-FT-LAUDERDALE:FL====== Detete ☐ Addition TITLE TITLE Change | CASTEEL, SANDRA NAME NAME STREET ADDRESS 1135 N RIO VISTA STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete TITI E ☐ Change ☐ Addition MCCONNELL, M. C NAME NAME 8754 SW 51 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

☐ Delete

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

954 - 831 -1113

☐ Change

Change

☐ Addition

Addition