

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000385

FILED
Apr 28, 2008
Secretary of State

Entity Name: MJ'S FAMILY CENTER, INC.

Current Principal Place of Business:

4007 LONG NEEDLE LANE
#105
WINTER SPRINGS, FL 32708

New Principal Place of Business:

521 GRAND CANAL DRIVE
KISSIMMEE, FL 34759

Current Mailing Address:

4007 LONG NEEDLE LANE
#105
WINTER SPRINGS, FL 32708

New Mailing Address:

521 GRAND CANAL DRIVE
KISSIMMEE, FL 34759

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, JACQUELINE O
521 GRAND CANAL DRIVE
KISSIMMEE, FL 34759 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: P () Delete
Name: JACKSON, JACQUELINE O
Address: 521 GRAND CANAL DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: VP () Delete
Name: WALKER, MARCIA
Address: 711 GENTRY COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: WILLIAMS, MARTIN
Address: 3903 AVENUE D
City-St-Zip: BROOKLYN, NY 11203

Title: T (X) Delete
Name: HEADLEY, TAMIEKA
Address: 12160 ST ANDREWS PLACE SUITE 206
City-St-Zip: MIRAMAR, FL 33025

Title: O (X) Delete
Name: FIELDS, MONIQUE
Address: 2800 SW 127TH AVE
City-St-Zip: MIRAMAR, FL 33027

Title: O (X) Delete
Name: DUNCAN, CYNTHIA
Address: 1388 AVON LANE SUITE 218
City-St-Zip: NORTH LAUDERDALE, FL 33068

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
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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: JACQUELINE JACKSON

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date