


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

FILED
Jul 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005546 1. Entity Name FAMILIES AGAINST COURT TRAVESTIES, INC.	
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Principal Place of Business 13279 B VIA VESTA DELRAY BEACH, FL 33484	Mailing Address 13279 B VIA VESTA DELRAY BEACH, FL 33484
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DO NOT WRITE IN THIS SPACE



06302006 No Chg-NP CR2E037 (4/06)

4. FEI Number 37-1492025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MACCI, LISA M ESQUIRE 2255 GLADES ROAD SUITE 324 ATRIUM BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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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 _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRE, NATALIE 14782 WOODLODGE LANE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFEE, SHEILA 7453 CHABLIS COURT BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, ANN 228 SW 4TH STREET BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGAN, BONNIE 13279 B VIA VESTA DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000567945
07/05/06-80002-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Bonnie Ragan **Bonnie RAGAN** 6/29/06 954-461-6971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #