

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006202

FILED
Jun 14, 2012
Secretary of State

Entity Name: FAMILY AND FRIENDS PROVISION CENTER INC.

Current Principal Place of Business:

3701 BROAD WAY
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

2708 NORTH AUSTRALIAN
SUITE 1
WEST PALM BEACH, FL 33407 US

Current Mailing Address:

POST OFFICE BOX 10474
WEST PALM BEACH, FL 33419 US

New Mailing Address:

FEI Number: 03-0489436 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GRANT, CATHY
1237 ROSEGATE BLVD
WEST PALM BEACH, FL 33404 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: PD
Name: GRANT, CATHY
Address: 1414 WEDGEWOOD PLAZA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: CD
Name: HILL, JOHNNY
Address: 1237 ROSE GATE BLVD
City-St-Zip: RIVIERA BEACH, FL 33404

Title: SD
Name: PRICE, DEBRA
Address: 4769 NORTH AUSTRALIAN DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S
Name: WARD, TOBIAS
Address: 207 E. TIFFANY APT 3
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D
Name: WARD, TOBIAS
Address: 1227 ROSAGATE BLVD
City-St-Zip: RIVIERA BEACH, FL 33404

I hereby 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 all other like empowered.

SIGNATURE: DEBRA PRICE

SD

06/14/2012

Electronic Signature of Signing Officer or Director

Date