## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002601

ame: FAMILY RENEWAL CENTER IN

FILED Jan 17, 2007 Secretary of State

Entity Na	me: FAMILY REN	IEWAL CENTER, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	VLES ROAD N, FL 33511				
Current Mailing Address:			New Mailing Address:		
733 KNOWLES ROAD BRANDON, FL 33511			PO BOX 2669 RIVERVIEW, FL 33568		
FEI Number	: 20-2513464 F	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
11004 SCO RIVERVIE The above in the State	named entity sub e of Florida.	ປS mits this statement for the pເ	urpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			nt	 Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Del BOWER, FRANK 3318 N. COUNTY R OVERTON, TX 756	OAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () Del VALLE, JOHN 827 BAYOU VIEW I BRANDON, FL 335	OR .	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () Del PULLARO, ALAN 7403 MINT JULEP RIVERVIEW, FL 33		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () Del PENNINGTON, RHE 11004 SCOTT LOO RIVERVIEW, FL 33	ETT P	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	VS () Del	ete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MELISSA PENNINGTON VS 01/17/2007

PENNINGTON, MELISSA

RIVERVIEW, FL 33569

11004 SCOTT LOOP

Name:

Address: City-St-Zip: