

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003517

FILED
Apr 28, 2006
Secretary of State

Entity Name: REGAL FAMILY CENTER, INC.

Current Principal Place of Business:

2300 JETPORT DRIVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

2300 JETPORT DRIVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-2620699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWMAN, JR., WILLIAM R
GATEWAY CENTER, 1000
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

KUCK, DUANE
2300 JETPORT DRIVE
ORLANDO, FL 32809 US

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: DUANE KUCK

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KUCK, PAUL
Address: 2300 JETPORT DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: KUCK, DUANE
Address: 2300 JETPORT DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: KUCK, TIMOTHY
Address: 2300 JETPORT DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: BIDDLE, PAMELA
Address: 2300 JETPORT DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: RAWLS, LOYD
Address: 2300 JETPORT DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: ARRIGOITIA, ERIC D
Address: 2300 JETPORT DRIVE
City-St-Zip: ORLANDO, FL 32809

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
Name:
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 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: DUANE KUCK

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date