

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005154

FILED
Apr 27, 2008
Secretary of State

Entity Name: FLORIDA FAMILY RESOURCE CENTER, INC.

Current Principal Place of Business:

106 DEMPSEY WAY
ORLANDO, FL 32835

New Principal Place of Business:

224 N. ROCKINGHAM AVENUE
TAVARES, FL 32778

Current Mailing Address:

106 DEMPSEY WAY
ORLANDO, FL 32835

New Mailing Address:

PO BOX 1016
WINDERMERE, FL 34786

FEI Number: 20-2927044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTELLI, LAWRENCE
106 DEMPSEY WAY
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

CARTELLI, LAWRENCE
224 N. ROCKINGHAM AVENUE
TAVARES, FL 32778 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:

04/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARTELLI, LAWRENCE
Address: 106 DEMPSEY WAY
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: CARTELLI, JANE
Address: 106 DEMPSEY WAY
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: NUHFER, ROBERTA
Address: 8662 TANSY DRIVE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARTELLI, LAWRENCE
Address: 224 N. ROCKINGHAM AVENUE
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change () Addition
Name: CARTELLI, JANE
Address: 224 N. ROCKINGHAM AVENUE
City-St-Zip: TAVARES, FL 32778

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: LAWRENCE CARTELLI

D

04/27/2008

Electronic Signature of Signing Officer or Director

Date