

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005154

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA FAMILY RESOURCE CENTER, INC.

**Current Principal Place of Business:**

1665 E. ALFRED STREET  
SUITE 11  
TAVARES, FL 32778

**New Principal Place of Business:**

224 N. ROCKINGHAM AVENUE  
TAVARES, FL 32778

**Current Mailing Address:**

PO BOX 1016  
WINDERMERE, FL 34786

**New Mailing Address:**

PO BOX 1826  
TAVARES, FL 32778

**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  
1665 E. ALFRED STREET  
SUITE 11  
TAVARES, FL 32778 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2010

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
Name: LAUREN, CARTELLI  
Address: 224 N. ROCKINGHAM AVENUE  
City-St-Zip: TAVARES, FL 32778

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: LAWRENCE P. CARTELLI

D

04/30/2010

Electronic Signature of Signing Officer or Director

Date