

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 06, 2008**  
**Secretary of State**

DOCUMENT# N05000005657

**Entity Name:** FAMILY RESOURCE COALITION, INC.**Current Principal Place of Business:**3423 E SILVER SPRINGS BLVD  
2B  
OCALA, FL 34470**New Principal Place of Business:****Current Mailing Address:**3423 E SILVER SPRINGS BLVD  
2B  
OCALA, FL 34470**New Mailing Address:****FEI Number:** 20-2956642**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CAKSACKKAR, TAMMY L  
2095 NE 43RD STREET  
OCALA, FL 34479 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:** ED ( ) Delete  
**Name:** CAKSACKKAR, TAMMY L  
**Address:** 2095 NE 43RD STREET  
**City-St-Zip:** OCALA, FL 34479**Title:** D ( ) Delete  
**Name:** DURHAM-DELON, DESIREE  
**Address:** 1935 HUNTERS TRACE CIR  
**City-St-Zip:** MIDDLEBURG, FL 32068**Title:** D ( ) Delete  
**Name:** STINE, JAMES R  
**Address:** 2202 N. WEST SHORE BLVD., SUITE 200  
**City-St-Zip:** TAMPA, FL 33607**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****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:** D ( ) Change (X) Addition  
**Name:** COFFEY, KENNETH M  
**Address:** 515 NE 21ST AVENUE  
**City-St-Zip:** OCALA, FL 34470

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: TAMMY CAKSACKKAR

EXE

08/06/2008

Electronic Signature of Signing Officer or Director

Date