2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# N05000011448

Entity Name: FAMILY COMMUNITY CENTER, INC.

Current Principal Place of Business:

7342 WEST 20 AVE.
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7342 WEST 20 AVE.
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 20-3781751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, BORIS
6755 NW 169 ST.
C
MIAMI, FL 33015 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: P ( ) Delete
Name: ACOSTA, BORIS
Address: 6755 NW 169 ST. #C
City-St-Zip: MIAMI, FL 33015

Title: VP ( ) Delete
Name: ACOSTA, MARIA E
Address: 6755 NW 169 ST. #C
City-St-Zip: MIAMI, FL 33015

Title: SEC. ( ) Delete
Name: FORD, ZULEYMA
Address: 2610 WEST 64 ST.
City-St-Zip: HIALEAH, FL 33016

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:

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: BORIS ACOSTA D 04/20/2007

Electronic Signature of Signing Officer or Director — Date