2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N06000008874

Entity Name: MARRIAGE BUILDERS FAMILY RESOURCE CENTER, INC

Current Principal Place of Business:

8893 FRUITVILLE RD
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51888
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 86-1173372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAMPANA, JIM A
5272 BOX TURTLE CIRCLE
SARASOTA, FL 34232 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:	DIR	( ) Delete
Name:	CAMPANA, JIM A	
Address:	P.O. BOX 51888	
City-St-Zip:	SARASOTA, FL 34232	
Title:	DIR	( ) Delete
Name:	CAMPANA, MARLENE L	
Address:	P.O. BOX 51888	
City-St-Zip:	SARASOTA, FL 34232	
Title:	DIR	( ) Delete
Name:	ZABEL, LEE	
Address:	4991 WILD DAISY LN	
City-St-Zip:	VENICE, FL 34293	
Title:	DIR	( ) Delete
Name:	HIXON, MARGARET	
Address:	3322 BEE RIDGE RD SUITE 100	
City-St-Zip:	SARASOTA, FL 34239	
Title:	DIR	( ) Delete
Name:	GREENIGGE, PETER	
Address:	3650 17TH ST	
City-St-Zip:	SARASOTA, FL 34235	
Title:	DIR	( ) Delete
Name:	MORGAN, HARRY	
Address:	435 10TH AVE W SUITE 1A	
City-St-Zip:	PALMETTO, FL 34221	

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 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: JIM A CAMPANA DIR 04/16/2009

Electronic Signature of Signing Officer or Director — Date