

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001469

FILED  
Aug 27, 2008  
Secretary of State

**Entity Name:** FAMILIES ACCEPTING CHANGE TOWARDS SUCCESS, INC.

**Current Principal Place of Business:**

295 N.W. 190 STREET  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

295 N.W. 190 STREET  
MIAMI GARDENS, FL 33169

**New Mailing Address:**

**FEI Number:** 26-3068612      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BAILEY, TRACEY-ANN D  
295 NW 190TH STREET  
MIAMI GARDENS, FL 33169      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: D      ( ) Delete  
Name: MONESTINE, JANICE  
Address: 6240 NW 197 TERRACE  
City-St-Zip: MIAMI, FL 33015

Title: D      ( ) Delete  
Name: MONESTINE, REYNOLD  
Address: 6240 NW 197 TERRACE  
City-St-Zip: MIAMI, FL 33015

Title: D      ( ) Delete  
Name: BAILEY, TRACEY-ANN  
Address: 295 NW 190TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33169

**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 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: TRACEY-ANN BAILEY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MS

08/27/2008

\_\_\_\_\_ Date