2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State
04-25-2008 90135 033 ****61.25

DOCUMENT # N07000001505

1. Entity Name
FAMILY PROMISE OF SOUTHEAST VOLUSIA COUNTY, INC.

66011195

Principal Place of Business	Mailing Address
608 PORTSIDE LN EDGEWATER, FL 32141	608 PORTSIDE LN EDGEWATER, FL 32141

04142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 724 GREEN ROAD	Suite, Apt. #, etc. 724 GREEN ROAD
City & State NEW SMYRNA Beach FL	City & State NEW SMYRNA BEACH FL
Zip 32168 Country USA	Zip 32168 Country USA

4. FEI Number 20-8462964 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACDONALD, CHARLES F 608 PORTSIDE LN EDGEWATER, FL 32141	Name JOSEPH ANDREANO Street Address (P.O. Box Number is Not Acceptable) 724 GREEN ROAD City NEW SMYRNA BEACH FL Zip Code 32168

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: (Joseph Andreano) DATE: 4/21/08
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRON, DONNA J 1050 OLD MISSION RD - #4A NEW SMYRNA BEACH, FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, President Joseph Andreano 724 Green Road New Smyrna Beach, FL 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILLON, PATRICIA J 2626 YULE TREE DR EDGEWATER, FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Vice President William G. Wilkinson 1322 South Riverside Drive New Smyrna Beach, FL 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EARL, PATRICIA L 133 MARINA BAY DR NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Charles F. MacDonald 608 Portside Lane Edgewater, FL 32141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MACDONALD, CHARLES F 608 PORTSIDE LN EDGEWATER, FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Barbara L. Scott 2604 Lime Tree Drive Edgewater, FL 32141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROUTH, REBECCA P 112 VIA CAPRI NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCOTT, BARBARA L 2604 LIME TREE DR EDGEWATER, FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles F. MacDonald CHARLES F. MAC DONALD 04/22/08 (386) 423-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #