

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001505

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** FAMILY PROMISE OF SOUTHEAST VOLUSIA COUNTY, INC.

**Current Principal Place of Business:**

724 GREEN ROAD  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

724 GREEN ROAD  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

**FEI Number:** 20-8462964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDREANO, JOSEPH  
724 GREEN ROAD  
NEW SMYRNA BEACH, FL 32168 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: DP ( ) Delete  
Name: ANDREANO, JOSEPH  
Address: 724 GREEN ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: WILDRISON, WILLIAM  
Address: 1322 SOUTH RIVERSIDE DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: MACDONALD, CHARLES F  
Address: 1322 SOUTH RIVERSIDE LANE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: SCOTT, BARBARA L  
Address: 2604 LIME TREE DRIVE  
City-St-Zip: EDGEWATER, FL 32141

Title: TD ( ) Delete  
Name: ROUTH, REBECCA P  
Address: 112 VIA CAPRI  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD (X) Delete  
Name: SCOTT, BARBARA L  
Address: 2604 LIME TREE DR  
City-St-Zip: EDGEWATER, FL 32141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WILKINSON, WILLIAM  
Address: 1322 SOUTH RIVERSIDE DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Change ( ) Addition  
Name: JODOIN, RICHARD  
Address: 100 LAKE FAIRGREEN CIRCLE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: JOSEPH J. ANDREANO

PRES

04/29/2009

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

\_\_\_\_\_  
Date