

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009845

FILED
Mar 10, 2008
Secretary of State

Entity Name: FAMILY AND COMMUNITY RESOURCES PARTNERSHIP, INC.

Current Principal Place of Business:

393 NW 132ND PL
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

393 NW 132ND PL
MIAMI, FL 33182

New Mailing Address:

FEI Number: 26-1206668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, C.P.A., JOSE
9710 STIRLING ROAD
101
COOPER CITY, FL 33024 US

Name and Address of New Registered Agent:

SOTO, MARIA DEL R
393 NW 132 PLACE
MIAMI, FL 33182 US

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: MRS

03/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSARIO SOTO, MARIA D
Address: 393 NW 132ND PL
City-St-Zip: MIAMI, FL 33182

Title: D () Delete
Name: TREVINO, ANA L
Address: 393 NW 132 PLACE
City-St-Zip: MIAMI, FL 33182

Title: D () Delete
Name: VANESSA OCAMPO, JUAN DIEGO Y
Address: 8215 LAKE DRIVE, APT 406B
City-St-Zip: DORAL, FL 33166

Title: D () Delete
Name: JOHNSON, SHARON
Address: 6200 SW 62ND PL
City-St-Zip: MIAMI, FL 33143

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:

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: MRS

E.D

03/10/2008

Electronic Signature of Signing Officer or Director

Date