

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009845

FILED  
Apr 27, 2012  
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:**

SOTO, MARIA DEL R  
393 NW 132 PLACE  
MIAMI, FL 33182 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  
Name: SOTO, MARIA R  
Address: 393 NW 132ND PL  
City-St-Zip: MIAMI, FL 33182

Title: D  
Name: TREVINO, ANA L  
Address: 1022 EUCLID AV APARTMENT 12  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D  
Name: TREVINIO, NANCY E  
Address: 1033 LENNOX AVE APT 310  
City-St-Zip: MIAMI, FL 33139

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

Title: D  
Name: DIOSDADO, BIANCA  
Address: 115 NE 3RD AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: MARIA DEL ROSARIO SOTO

CEO

04/27/2012

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

\_\_\_\_\_  
Date