

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011759

FILED
Aug 28, 2008
Secretary of State

Entity Name: ASSISTING FAMILIES IN ECONOMIC CHALLENGED TIMES, INC.

Current Principal Place of Business:

309 DUNWOODY LANE
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

309 DUNWOODY LANE
HOLLYWOOD, FL 33021

New Mailing Address:

3389 SHERIDAN ST
141
HOLLYWOOD, FL 33021

FEI Number: 26-1804247 **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:

HOLDER, MARLENE
309 DUNWOODY LANE
HOLLYWOOD, FL 33021 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: PSD () Delete
Name: HOLDER, MARLENE
Address: 309 DUNWOODY LANE
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: SINCLAIR, DONALD
Address: 6011 PLUM AISLE WAY
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: SEPIELLI, DIANNE
Address: 4416 MONROE ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: HARTNIG, RALPH
Address: 4800 MANGO DRIVE
City-St-Zip: TAMARAC, FL 33319

Title: D () Change (X) Addition
Name: VAN HORN, THOMAS
Address: 309 DUNWOODY LANE
City-St-Zip: HOLLYWOOD, FL 33021

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: MARLENE HOLDER

PSD

08/28/2008

Electronic Signature of Signing Officer or Director

Date