2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N08000002781

Entity Name: FILL OUR FAMILIES, INC.

Current Principal Place of Business:

7717 NATURE TRAIL
LAKELAND, FL 338095051

New Principal Place of Business:

Current Mailing Address:

7717 NATURE TRAIL
LAKELAND, FL 338095051

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHILDS, SALLY
7717 NATURE TRAIL
LAKELAND, FL 338095051 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 ( ) Delete
Name: BLACK, ALICE
Address: 985 TANGELO CT.
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete
Name: JACKSON SANDERS, CHARLANN
Address: 5545 PHEASANT DR.
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete
Name: CHILDS, KENNARD
Address: 7717 NATURE TRAIL
City-St-Zip: LAKELAND, FL 338095051

Title: D ( ) Delete
Name: ROGERS, KENNETH
Address: 5155 TILLERY RD.
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: CHILDS, SALLY
Address: 7717 NATURE TRAIL
City-St-Zip: LAKELAND, FL 338095051

Title: D ( ) Delete
Name: RICHARDSON, CRYSTAL
Address: 6008 LIVE OAK
City-St-Zip: WINTER HAVEN, FL 33880

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:

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: SALLY H. CHILDS D 03/27/2009
Electronic Signature of Signing Officer or Director — Date