## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000004563

FILED Apr 30, 2009 Secretary of State

Entity Name: FAMILY EMERGENCY FUND CORP

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Current P	rincipal Place of Business:	New Principal Place	of Business:
	FINCH LANE LUCIE, FL 34953		
Current M	lailing Address:	New Mailing Address	s:
	FINCH LANE LUCIE, FL 34953		
FEI Number	: FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address o	f New Registered Agent:
1789 SW I	CY, FRANNY FINCH LANE LUCIE, FL 34953 US		
	e named entity submits this statement for the e of Florida.	purpose of changing its registered	d office or registered agent, or both
SIGNATU	RE:		
	Electronic Signature of Registered Ag	gent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P ( ) Delete MAURANCY, FRANNY	Title:	
City-St-Zip.	1789 SW FINCH LANE PORT ST LUCIE, FL 34953	Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:		Address:	( ) Change ( ) Addition ( ) Change ( ) Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PORT ST LUCIE, FL 34953  VP ( ) Delete  MORANCY, KENEL 260 NE 38 ST	Address: City-St-Zip: Title: Name: Address:	

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: FRANNY MAURANCY P 04/30/2009