2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N08000007193

Entity Name: FAMILY RESOURCE CONNECTION, INC.

Current Principal Place of Business:

304 KINGSLEY LAKE DR STE 602
ST. AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

304 KINGSLEY LAKE DR STE 602
ST. AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 32-0258331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORROW, STEPHANIE
300 PALMAS CIRCLE
ST. AUGUSTINE, FL 32086 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: DIR ( ) Delete
Name: MORROW, STEPHANIE
Address: 300 PALMAS CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: DIR ( ) Delete
Name: MOSELEY, MELISSA C
Address: 61 NESMITH AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: DIR ( ) Delete
Name: SPOERLE, CINDY
Address: 12 MARILYN AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: DIR ( ) Delete
Name: HUTCHINS, SUSAN
Address: 34 NAVARRA COURT
City-St-Zip: ST. AUGUSTINE, FL 32086 US

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: SUSAN HUTCHINS DIR 03/23/2009

Electronic Signature of Signing Officer or Director — Date