

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007193

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**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 (X)**

**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  
Name: MORROW, STEPHANIE  
Address: 300 PALMAS CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

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

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

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

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:** SUSAN HUTCHINS

DIR

01/13/2010

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

\_\_\_\_\_  
Date