

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007519

FILED
Feb 05, 2009
Secretary of State

Entity Name: FAMILIES FOR BETTER CARE, INC.

Current Principal Place of Business:

3336 PLOWSHARE RD
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3336 PLOWSHARE RD
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 26-3143456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BISPING, NICOLE
2563 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 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: DP () Delete
Name: LOFTIS, SUSAN
Address: 6423 BOLD VENTURE TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: DST () Delete
Name: POGGE, JUSTIN
Address: 1200 STEARNS STREET #C-4
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: SPINELLA, ANNA
Address: 4714 EUCLID AVE
City-St-Zip: TAMPA, FL 33629

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:

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 LOFTIS

DP

02/05/2009

Electronic Signature of Signing Officer or Director

Date