

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 26, 2009**  
**Secretary of State**

DOCUMENT# N08000007519

**Entity Name:** FAMILIES FOR BETTER CARE, INC.**Current Principal Place of Business:**3336 PLOWSHARE RD  
TALLAHASSEE, FL 32309**New Principal Place of Business:**906 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303**Current Mailing Address:**3336 PLOWSHARE RD  
TALLAHASSEE, FL 32309**New Mailing Address:**906 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303**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:**MEYER, RONALD G P.A.  
2544 BLAIRSTONE PINES DRIVE  
TALLAHASSEE, FL 32301 US

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: RONALD G. MEYER

07/26/2009

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: DP (X) Change ( ) Addition  
Name: VANCORE, STEVE  
Address: 906 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DST (X) Change ( ) Addition  
Name: JONES, DREW  
Address: 906 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32301

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: STEVE VANCORE

DP

07/26/2009

Electronic Signature of Signing Officer or Director

Date