

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002474

FILED
Apr 19, 2012
Secretary of State

Entity Name: FULLER INSTITUTE OF FAMILY PRESERVATION, INC.

Current Principal Place of Business:

426 ALEXANDRIA PLACE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

426 ALEXANDRIA PLACE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 26-4403633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, HAROLD
426 ALEXANDRIA PLACE
APOPKA, FL 32712 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: P
Name: FULLER, HAROLD
Address: 426 ALEXANDRIA PLACE
City-St-Zip: APOPKA, FL 32712

Title: D
Name: DEMINGS, TERRY
Address: 1377 VICKERS LAKE DR
City-St-Zip: OCOEE, FL 34761

Title: D
Name: BROOKS, WILLIAM J III
Address: 2424 ROCK LANE
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: BROOKS, TIFFANY M
Address: 2424 ROCK LANE
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: FULLER, GLORIA J
Address: 426 ALEXANDRIA PLACE
City-St-Zip: APOPKA, FL 32712

Title: D
Name: FULLER, ADRIENNE A
Address: 1907 SUNSET PALM
City-St-Zip: APOPKA, FL 32712

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: HAROLD FULLER

P

04/19/2012

Electronic Signature of Signing Officer or Director

Date