2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006261

FILED Jan 25, 2012 Secretary of State

Entity Name: FAMILY PROMISE OF FLAGLER COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

85 SOLEE RD.

PALM COAST, FL 32137

Current Mailing Address: New Mailing Address:

85 SOLEE RD. PO BOX 1244.

PALM COAST, FL 32137 FLAGLER BEACH, FL 32136

FEI Number: 45-2685729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORELEWICZ, JAMES F 85 SOLEE RD.

PALM COAST, FL 32137 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: MORELEWICZ, JAMES F

Address: 85 SOLEE RD.

City-St-Zip: PALM COAST, FL 32137

Title: VP

Name: NORTHROP, PAM

Address: 303 PALM COAST PKWY NE City-St-Zip: PALM COAST, FL 32137

Title: TREA

Name: KERR, LARRY

Address: 1601 NORTH CENTRAL AVE. APT PH3

City-St-Zip: FLAGLER BEACH, FL 32136

Title: SECY

Name: MORELEWICZ, JACQUELINE A

Address: 85 SOLEE RD.

City-St-Zip: PALM COAST, FL 32137

Title: MF

Name: ELDREDGE, DAVID S Address: 119 FORSYTHE LANE City-St-Zip: PALM COAST, FL 32137

Title: MR

Name: SMITH, WILLIAM T

Address: 17 OLD KINGS ROAD N STE E City-St-Zip: PALM COAST, FL 32137

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: LARRY E KERR TREA 01/25/2012