2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N11025

Entity Name: FRIENDS OF CHILDREN AND FAMILIES, INC.

Current Principal Place of Business:

11875 HIGH TECH AVE
SUITE 200
ORLANDO, FL 32817 US

New Principal Place of Business:

Current Mailing Address:

11875 HIGH TECH AVE
SUITE 200
ORLANDO, FL 32817 US

New Mailing Address:

FEI Number: 59-2735429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEALS, RONALD C
6330 WESTCOTT COVE BLVD
ORLANDO, FL 32829 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:	DC	( ) Delete
Name:	HIMES, MEL	
Address:	321 STRATFORD COMMONS CT	
City-St-Zip:	DELTONA, FL 32725	
Title:	D	( ) Delete
Name:	TAYLOR, DESMOND	
Address:	11875 HIGH TECH AVE. STE. 200	
City-St-Zip:	ORLANDO, FL 32817	
Title:	DT	( ) Delete
Name:	ROBERTS, BREHON E CPA	
Address:	1201 S ORLANDO AVE STE 400	
City-St-Zip:	WINTER PARK, FL 32799	
Title:	D	( ) Delete
Name:	SEALS, RONALD C	
Address:	6330 WESTCOTT COVE BLVD	
City-St-Zip:	ORLANDO, FL 32829	
Title:	D	( ) Delete
Name:	BARRY, LASH	
Address:	11875 HIGH TECH AVENUE, SUITE 200	
City-St-Zip:	ORLANDO, FL 32817	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	KEMP, JULIAN	
Address:	11875 HIGH TECH AVENUE, SUITE 200	
City-St-Zip:	ORLAND, FL 32817	

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: RONALD C. SEALS D 04/18/2009

Electronic Signature of Signing Officer or Director — Date