

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23462

FILED
Jan 22, 2009
Secretary of State

Entity Name: FAMILY ABUSE CENTER, INC.

Current Principal Place of Business:

1370 PINEHURST ROAD
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

1370 PINEHURST ROAD
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAELS, THOMAS O ESQ
1370 PINEHURST ROAD
DUNEDIN, FL 34698 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: D () Delete
Name: MICHAELS, THOMAS O
Address: 1370 PINEHURST ROAD
City-St-Zip: DUNEDIN, FL 34698

Title: DPST () Delete
Name: MICHAELS, MARGARET M.
Address: 3056 OAK CREEK DRIVE, NORTH
City-St-Zip: CLEARWATER, FL 33761

Title: DV () Delete
Name: PONDER, RITA A.
Address: 856 WISCONSIN AVE.
City-St-Zip: PALM HARBOR, FL 34683

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: THOMAS O. MICHAELS

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date