

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30280

FILED  
Jul 13, 2006  
Secretary of State

Entity Name: FAMILY CRISIS HELP CENTER INC.

**Current Principal Place of Business:**

1221 KENNEDY ROAD - APT #41  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 218  
EDGEWATER, FL 32132

**New Mailing Address:**

FEI Number: 59-2927652      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PLUMMER, RUTH A  
443  
PORT ORANGE, FL 32127 US

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

PLUMMER, RUTH A  
1221 KENNEDY ROAD  
APT# 41  
DAYTONA BEACH, FL 32114 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: \_\_\_\_\_

07/13/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: APD ( ) Delete  
Name: PLUMMER, RUTH A  
Address: 1221 KENNEDY ROAD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD ( ) Delete  
Name: KENNEDY, KEITH  
Address: PO BOX 10482  
City-St-Zip: DAYTONA BEACH, FL 32120

Title: SD ( ) Delete  
Name: ANDERSON, NADINE  
Address: 710 FLANDERS AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: PD ( ) Delete  
Name: PELLETIER, JIM  
Address: 1170 SOUTH PALMETTO  
City-St-Zip: DAYTONA BEACH, FL 32114

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: RUTH A PLUMMER

APD

07/13/2006

Electronic Signature of Signing Officer or Director

Date