2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N34312

Entity Name: FAMILY RENEW COMMUNITY, INC.

Current Principal Place of Business:

810 RIDGEWOOD AVE
HOLLY HILL, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 250123
HOLLY HILL, FL 32125 US

New Mailing Address:

FEI Number: 59-2971766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGNER, GREGORY M
121 FAIRVIEW AVE
DAYTONA BEACH, FL 32114 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 ( ) Delete
Name: WAGNER, ESQ, GREGORY M
Address: 121 FAIRVIEW AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VPA ( ) Delete
Name: JOSEPHSON, CLIFFORD R
Address: 395 S ATLANTIC AVE, #704
City-St-Zip: ORMOND BEACH, FL 32176

Title: T ( ) Delete
Name: MOTGEL, L W
Address: 14 PALMETTO DUARS
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD ( ) Delete
Name: DIPARDO, ANTHONY L
Address: 431 TUTON ROAD
City-St-Zip: ORMOND BEACH, FL 32176

Title: S ( ) Delete
Name: EARLY, CHARLES
Address: 2303 PIN OAK DRIVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: MOTZEL, L W
Address: 14 PALMETTO DUNES CT.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD (X) Change ( ) Addition
Name: DIPARDO, ANTHONY L
Address: 431 TRITON ROAD
City-St-Zip: ORMOND BEACH, FL 32176

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: L. W. MOTZEL T 03/17/2009

Electronic Signature of Signing Officer or Director — Date