


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N47277

1. Entity Name
FAMILIES IN NEED, INC.



Principal Place of Business 2731 SW 11 CT FT LAUDERDALE, FL 33312	Mailing Address 2731 SW 11 CT FT LAUDERDALE, FL 33312
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DO NOT WRITE IN THIS SPACE



08132008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOYER, MICHAEL
 2731 SW 11 CT
 FT LAUDERDALE, FL 33312**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000957909
 08/18/08-80007-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOYER, MICHAEL 2731 SW 11TH CT FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ, ARMANDO 2731 S.W. 11TH CT. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GRAY, EILEEN 2833 SW 4TH CT FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Hoyer MICHAEL HOYER Date: Aug 15-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #