


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90223 044 \*\*\*\*70.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # N47998</b><br>1. Entity Name<br><b>FLORIDA FAMILIES FIRST, INC.</b>  |  |   |  |                           |  |
| Principal Place of Business<br><b>471 SPENCER DRIVE</b><br><b>WEST PALM BEACH, FL 33409 US</b>   |  |   | Mailing Address<br><b>471 SPENCER DRIVE</b><br><b>WEST PALM BEACH, FL 33409 US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>471 Spencer Dr.</b>   |  | 3. Mailing Address<br><b>471 Spencer Dr.</b>  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |  |
| City & State<br><b>West Palm Beach, FL</b>   |  | City & State<br><b>West Palm Beach, FL</b>  |  | 4. FEI Number<br><b>59-3153313</b>   |  |
| Zip<br><b>33409</b>  |  | Country<br><b>Palm Beach</b>  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LESLIE, DORLA</b><br><b>471 SPENCER DRIVE</b><br><b>WEST PALM BEACH, FL 33409</b>  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>   |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                       |  |  |
| TITLE<br><b>TD</b><br>NAME<br><b>DORLA, LESLIE</b> <input type="checkbox"/> Delete<br>STREET ADDRESS<br><b>471 SPENCER DRIVE</b><br>CITY-ST-ZIP<br><b>WEST PALM BEACH, FL 33409</b>  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |  |
| TITLE<br><b>P</b><br>NAME<br><b>KUDLOWITZ, BARRY</b> <input type="checkbox"/> Delete<br>STREET ADDRESS<br><b>2100 LEE RD.</b><br>CITY-ST-ZIP<br><b>WINTER PARK, FL 32789</b>   | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><b>P MICHAEL BERNSTEIN</b><br>STREET ADDRESS<br><b>14041 ELOT BLVD</b><br>CITY-ST-ZIP<br><b>CLEARWATER, FL 33760</b> |   |  |  |  |
| TITLE<br><b>SD</b><br>NAME<br><b>MOYNAHAN, MARY JO</b> <input type="checkbox"/> Delete<br>STREET ADDRESS<br><b>2960 ROOSEVELT BLVD.</b><br>CITY-ST-ZIP<br><b>CLEARWATER, FL 33760</b>  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |  |
| TITLE<br>NAME <input type="checkbox"/> Delete<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |  |
| TITLE<br>NAME <input type="checkbox"/> Delete<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |  |
| TITLE<br>NAME <input type="checkbox"/> Delete<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> <u>Dorla Leslie</u> <b>Dorla Leslie</b> <u>4/24/07</u> <u>561-616-1264</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |  |  |