

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 07, 2009
Secretary of State

DOCUMENT# N93000001236

Entity Name: FAMILY NURTURING CENTER OF FLORIDA, INC.**Current Principal Place of Business:**1221 KING ST.
JACKSONVILLE, FL 32204 US**New Principal Place of Business:****Current Mailing Address:**1221 KING ST.
JACKSONVILLE, FL 32204 US**New Mailing Address:****FEI Number:** 59-7004981**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NULLET, JOE
1221 KING STREET
JACKSONVILLE, FL 32204 US**Name and Address of New Registered Agent:**JOHNSON, STELLA
1221 KING STREET
JACKSONVILLE, FL 32204 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: STELLA JOHNSON

12/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ORR, MICHAEL
Address: 1221 KING STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP () Delete
Name: MATHIS, SANDRA
Address: 1221 KING STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: TREA () Delete
Name: SCHMITZER, ED
Address: 1221 KING STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: ED () Delete
Name: NULLET, JOE
Address: 1221 KING STRET
City-St-Zip: JACKSONVILLE, FL 32204

Title: SEC () Delete
Name: MEYER, AMY
Address: 1221 KING STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: ED (X) Change () Addition
Name: JOHNSON, STELLA
Address: 1221 KING STRET
City-St-Zip: JACKSONVILLE, FL 32204

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: STELLA JOHNSON

ED

12/07/2009

Electronic Signature of Signing Officer or Director

Date