

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001870

FILED
Mar 31, 2009
Secretary of State

Entity Name: FAMILY SUPPORT SERVICES NETWORK, INC.

Current Principal Place of Business:

2130 N.W. 204TH STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

2130 N.W. 204TH STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-0484962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINS, JAMES
2130 N.W. 204TH STREET
MIAMI, FL 33056 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: D () Delete
Name: ERUCHALU, CHARLIE
Address: 9640 MILLPOND DR
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: NULKEY, IVINE
Address: 1320 NW 200 STREET
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: CHURCH, LASHAN
Address: 3401 NW 194 TERR
City-St-Zip: CAROL CITY, FL 33056

Title: SD () Delete
Name: BIGGINS, DEBRA
Address: 3480 NW 205TH ST
City-St-Zip: MIAMI, FL 33056

Title: T () Delete
Name: HUTCHINS, JAMES
Address: 2130 NW 204 STREET
City-St-Zip: MIAMI, FL 33056

Title: P () Delete
Name: SHARPE, SHANTAY
Address: 1205 PERI STREET
City-St-Zip: OPA LOCKA, FL 33054

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:

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 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: JAMES HUTCHINS

TREA

03/31/2009

Electronic Signature of Signing Officer or Director

Date