

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001870

**FILED**  
**Mar 02, 2011**  
**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  
Name: ERUCHALU, CHARLIE  
Address: 9640 MILLPOND DR  
City-St-Zip: MIRAMAR, FL 33025

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES HUTCHINS

TREA

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date