2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-08-2004 90023 019 ****61.25

DOCUMENT # N94000004907

1. Entity Name

FAMILY TO FAMILY C.A.R.E.S NETWORK, INC.

Principal Place of Business	Mailing Address
4823 S.W. 20TH STREET HOLLYWOOD FL 33023	4823 S.W. 20TH STREET HOLLYWOOD FL 33023

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

MOORE CR2E037 (11/03)

4. FEI Number 65-0505 APPLIED FOR — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENDRICK, EVELYN W 4823 S.W. 20TH STREET HOLLYWOOD FL 33023	Name Street Address (P.O. Box Number is Not Acceptable) City / FL / 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	KENDRICK, EVELYN	NAME	
STREET ADDRESS	4823 S.W. 20TH STREET	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	CITY-ST-ZIP	
TITLE	MGRD	TITLE	☐ Change ☐ Addition
NAME	LEY ADDER, GLEN R	NAME	
STREET ADDRESS	708 NW 9TH CT	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33311	CITY-ST-ZIP	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	THOMAS, ALBERT L JR	NAME	
STREET ADDRESS	3940 NW 185TH ST	STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL 33055	CITY-ST-ZIP	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	CORNELIUS, TRYONE	NAME	
STREET ADDRESS	629 NW 5TH AVE	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	JERMILA, CORNELIUS	NAME	
STREET ADDRESS	411 NW 7TH CT APT 1	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33023	CITY-ST-ZIP	
TITLE	C	TITLE	☐ Change ☐ Addition
NAME	KENDRICK, WILLIAM	NAME	
STREET ADDRESS	420 NW 34TH AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Evelyn Kendrick — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3/08/04 — Date — 954-659-5171 — Daytime Phone #

** TOTAL PAGE.01 **
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

attachment

EMPLOYER IDENTIFICATION NUMBER: 65-0520629
FORM: SS-4 (TELE-TIN)
0716806677 0

0604146852
#N194000004907

FOR ASSISTANCE CALL US AT:
1-800-829-1040

FAMILY TO FAMILY C A R E S NETWORK
% EVELYN W KENDRICK
4823 SW 20TH ST
HOLLYWOOD FL 33023

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Tele-TIN phone call. We assigned you employer identification number (EIN) 65-0520629. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. Using any variation in your name or EIN may cause processing delays, incorrect information in your account, or erroneous assignment of more than one EIN.

Assigning an Employer Identification Number does not grant tax-exempt status to non-profit organizations. If your organization wants to establish its exemption and receive a ruling or determination letter recognizing its exempt status, file Form 1023/1024 (Application for Recognition of Exemption) with your IRS District Office. Publication 557 (Tax Exempt Status for Your Organization), available at most IRS offices, has details on how to apply.

Please use the label IRS provided when filing tax documents. If that is not possible, use your EIN and complete name and address as shown below to fully identify your account and avoid delays.

FAMILY TO FAMILY C A R E S NETWORK
INC
% EVELYN W KENDRICK
4823 SW 20TH ST
HOLLYWOOD FL 33023

If this information is incorrect, please correct it on page 2 of this notice. Return it to the address shown so we can correct your account.

If you have not already done so complete Form SS-4, Application for Employer Identification Number. You may get Form SS-4 at your local IRS office or by calling 1-800-TAX-FORM (1-800-829-3676). Write in your EIN,65-0520629 in the upper right hand corner of the form. Be sure you sign and date the form properly. Return the form with page 2 of this notice within 15 days. An envelope is enclosed for your convenience. We need this information for a complete record of your account.

Thank you for your cooperation.

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 L

0716806677

YOUR TELEPHONE NUMBER ( ) _____ BEST TIME TO CALL _____

DATE OF THIS NOTICE: 09-28-94
EMPLOYER IDENTIFICATION NUMBER: 65-0520629
FORM: SS-4 (TELE-TIN)

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

FAMILY TO FAMILY C A R E S NETWORK
INC
% EVELYN W KENDRICK
4823 SW 20TH ST
HOLLYWOOD FL 33023

** TOTAL PAGE.01 **