


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90018 041 ****61.25

DOCUMENT # N94000004907 1. Entity Name FAMILY TO FAMILY C.A.R.E.S NETWORK, INC.			
Principal Place of Business 4823 S.W. 20TH STREET HOLLYWOOD, FL 33023		Mailing Address 4823 S.W. 20TH STREET HOLLYWOOD, FL 33023	
2. Principal Place of Business 629 N.W. 5th Ave Suite, Apt. #, etc.		3. Mailing Address 629 N.W. 5th Ave Suite, Apt. #, etc.	
City & State Hallandale Florida Zip 33009 Country Broward		City & State Hallandale Florida Zip 33009 Country Broward	
4. FEI Number 65-0520629		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KENDRICK, EVELYN W 4823 S.W. 20TH STREET HOLLYWOOD, FL 33023		7. Name and Address of New Registered Agent 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 <u><i>Evelyn W Kendrick</i></u> 5/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D KENDRICK, EVELYN 4823 S.W. 20TH STREET HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD LEY ADDER, GLEN R 708 NW 9TH CT HALLANDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, ALBERT L JR 3940 NW 185TH ST CAROL CITY, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORNELIUS, TRYONE 629 NW 5TH AVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JERMILA, CORNELIUS 411 NW 7TH CT APT 1 HALLANDALE, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KENDRICK, WILLIAM 420 NW 34TH AVE FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u><i>Evelyn W Kendrick</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/11/05 954 659-5171 <small>Date Daytime Phone #</small>	

50052888



04222005 Chg-NP CR2E037 (10/03)

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attachment
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DOCUMENT # N94000004907

1. Entity Name
FAMILY TO FAMILY C.A.R.E.S NETWORK, INC.



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

Mailing Address
4823 S.W. 20TH STREET
HOLLYWOOD, FL 33023



02192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0520629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KENDRICK, EVELYN W
4823 S.W. 20TH STREET
HOLLYWOOD, FL 33023

**DO NOT WRITE
IN THIS SPACE**

The above named entity shall be held responsible and liable for the proper and prompt filing of this report and for the payment of the fee thereon, and for the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME	KENDRICK, EVELYN
STREET ADDRESS	4823 S.W. 20TH STREET
CITY-STATE-ZIP	HOLLYWOOD, FL 33023
TITLE	MGRD
NAME	THOMAS ALBERT L JR
STREET ADDRESS	708 NW 9TH CT
CITY-STATE-ZIP	HALLANDALE, FL 33011
TITLE	T
NAME	CORNELIUS, TRYONE
STREET ADDRESS	411 NW 7TH CT APT 1
CITY-STATE-ZIP	HALLANDALE, FL 33009
TITLE	C
NAME	JERMILA, CORNELIUS
STREET ADDRESS	420 NW 34TH AVE
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33311

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Evelyn Kendrick*

Attachment
50052888
N9400004907

FAMILY TO FAMILY C.A.R.E.S. NETWORK, INC.
629 N.W. 5TH AVENUE
HALLANDALE, FLORIDA 33009-3208
(954) 659-5171

May 12, 2005

To Whom It May Concern:

I, Evelyn Watson Kendrick, who was residing at 4823 S.W. 20 Street, Hollywood, Florida will be relocating as of May 13th, 2005.

Our new location is also the principal place of business as of May 13th.

Please send all correspondence to our new address. The new phone numbers and hours are:

Monday – Friday 9:30 – 4:30 p.m. (954) 659-5171

Or

Sunday – Saturday 5:00 – 7:00 p.m. (954) 260-9918

Sincerely,



Evelyn Watson Kendrick
Director

EWK:dw