


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90153 042 ****61.25

DOCUMENT # N94000004907	
1. Entity Name FAMILY TO FAMILY C.A.R.E.S NETWORK, INC.	

Principal Place of Business 629 NW 5 AVE HALLANDALE, FL 33009	Mailing Address 629 NW 5 AVE HALLANDALE, FL 33009
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02012006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0520629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
KENDRICK, EVELYN W 4823 S.W. 20TH STREET HOLLYWOOD, FL 33023	<i>420 N.W 34th Ave Ft Lauderdale, FL 33311</i>

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENDRICK, EVELYN <i>420 NW 34th Ave</i> 4823 S.W. 20TH STREET <i>Ft Lauderdale 33311</i> HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRD LEY ADDER, GLEN R 708 NW 9TH CT HALLANDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T THOMAS, ALBERT L JR 3940 NW 185TH ST CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CORNELIUS, TRYONE 629 NW 5TH AVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JERMILA, CORNELIUS 411 NW 7TH CT APT 1 HALLANDALE, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C KENDRICK, WILLIAM 420 NW 34TH AVE 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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 2006
Date

Daytime Phone #

*Cell # 954 2604118
954 659-5170*