

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02122007 No Chg-NP

CR2E037 (4/06)

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
420 NW 34TH AVE Z
FORT LAUDERDALE, FL 33311**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000658048
03/15/07-80022-008 70.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME KENDRICK, EVELYN
STREET ADDRESS 420 NW 34TH AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE MGRD
NAME LEY ADDER, GLEN R
STREET ADDRESS 708 NW 9TH CT
CITY-ST-ZIP HALLANDALE, FL 33311

TITLE T
NAME THOMAS, ALBERT L JR
STREET ADDRESS 3940 NW 185TH ST
CITY-ST-ZIP CAROL CITY, FL 33055

TITLE P
NAME CORNELIUS, TRYONE
STREET ADDRESS 629 NW 5TH AVE
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE S
NAME JERMILA, CORNELIUS
STREET ADDRESS 411 NW 7TH CT APT 1
CITY-ST-ZIP HALLANDALE, FL 33023

TITLE C
NAME KENDRICK, WILLIAM
STREET ADDRESS 420 NW 34TH AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

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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

Evelyn W Kendrick
Date **2/28/07** Daytime Phone # **954 659 5171**