

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004907

FILED
Jun 19, 2009
Secretary of State

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

Current Principal Place of Business:

629 NW 5 AVE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

629 NW 5 AVE
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0520629 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KENDRICK, EVELYN W
420 NW 34TH AVE
FORT LAUDERDALE, FL 33311 US

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 () Delete
Name: KENDRICK, EVELYN
Address: 420 NW 34TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: MGRD () Delete
Name: ADDERLEY, GLENN R
Address: 708 NW 9TH CT
City-St-Zip: HALLANDALE, FL 33311

Title: T () Delete
Name: THOMAS, ALBERT L JR
Address: 102 NEWTON ROAD
City-St-Zip: HOLLYWOOD/WEST PARK, FL 33023

Title: P () Delete
Name: CORNELIUS, TYRONE
Address: 629 NW 5TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: CORNELIUS, JERMILA
Address: 629 NW 5TH AVENUE
City-St-Zip: HALLANDALE, FL 33009

Title: C () Delete
Name: KENDRICK, WILLIAM
Address: 420 NW 34TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JERMILA CORNELIUS

S

06/19/2009

Electronic Signature of Signing Officer or Director

Date