

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90523 029 *****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0520629**

☒ Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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

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	<input type="checkbox"/> Delete
NAME	KENDRICK, EVELYN	
STREET ADDRESS	4823 S.W. 20TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KENDRICK, THELMA	
STREET ADDRESS	2710 NW 25TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, DIANE	
STREET ADDRESS	1529 N.W. 6TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FENCHER, ELOISE	
STREET ADDRESS	1821 NW 33RD TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	S	<input type="checkbox"/> Delete
NAME	JERMILA, CORNELIUS	
STREET ADDRESS	411 NW 7TH CT APT 1	
CITY-ST-ZIP	HALLANDALE FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Managing Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERT L. THOMAS JR.	
STREET ADDRESS	798 N.W. 7th Avenue	
CITY-ST-ZIP	Hallandale Florida 33311	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERT L. THOMAS JR.	
STREET ADDRESS	3940 N.W. 185th Street	
CITY-ST-ZIP	Carol City FL 33055	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tyrone Cornelius	
STREET ADDRESS	629 N.W. 5th Avenue	
CITY-ST-ZIP	Hallandale Florida 33009	
TITLE	Chaplin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Kendrick	
STREET ADDRESS	420 N.W. 34th Avenue	
CITY-ST-ZIP	Fort Lauderdale FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

4/17/03

954-583-1727

CR2E037 (10/02)