

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003706

FILED
Mar 16, 2004
Secretary of State**Entity Name:** FAMILY RESOURCES CENTER INC.**Current Principal Place of Business:**10223 SW 180TH ST
PERRINE, FL 33157**New Principal Place of Business:****Current Mailing Address:**10223 SW 180TH ST
PERRINE, FL 33157**New Mailing Address:****FEI Number:** 65-0764998**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WATSON, SIMEON BISHOP
10223 SW 180TH ST
PERRINE, FL 33157**Name and Address of New Registered Agent:**

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: ALMS, HUMPREY
Address: 16732 SW 101 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: EXD () Delete
Name: WATSON, SIMEON
Address: 1409 NE 152ND STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DT () Delete
Name: HARRIS, CHARLES
Address: 5701 NW 4TH AVE
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: JONES, WILLIE
Address: 2261 NW 58TH STREET
City-St-Zip: MIAMI, FL 33142

Title: S () Delete
Name: WASHINGTON, WARREN
Address: 11771 SW 190TH ST.
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: LEVY, NIKEYCIA
Address: 16944 S W 106TH COURT
City-St-Zip: MIAMI, FL 33157

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

Title: D (X) Change () Addition
Name: HARRIS, CHARLES
Address: 5701 NW 4TH AVE
City-St-Zip: MIAMI, FL

Title: D (X) Change () Addition
Name: JONES, WILLIE
Address: 2261 NW 58TH STREET
City-St-Zip: MIAMI, FL 33142

Title: PD (X) Change () Addition
Name: GOLDEN, THERESA A
Address: 1831 N W 154TH STREET
City-St-Zip: MIAMI, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SIMEON WATSON

EXD

03/16/2004

Electronic Signature of Signing Officer or Director

Date