

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003706

FILED  
Apr 05, 2005  
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 US

## 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: STD ( ) Delete  
Name: LEVY, NIKEYCIA  
Address: 16944 S W 106TH COURT  
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: D ( ) Delete  
Name: HARRIS, CHARLES  
Address: 5701 NW 4TH AVE  
City-St-Zip: MIAMI, FL

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

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

## 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:

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

04/05/2005

Electronic Signature of Signing Officer or Director

Date