2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# N97000003706

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 (X) 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 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: THERESA A. GOLDEN PD 04/11/2006

Electronic Signature of Signing Officer or Director — Date