

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 07, 2005  
Secretary of State**

DOCUMENT# N98000000604

Entity Name: FAMILY COURT RESOURCE ASSISTANCE, INC.

**Current Principal Place of Business:**

50 S NIEMAN AVE  
STE 150  
MELBOURNE, FL 32901

**New Principal Place of Business:**

50 SOUTH NIEMAN AVENUE  
SUITE 150  
MELBOURNE, FL 32903

**Current Mailing Address:**

50 S NIEMAN AVE  
STE 150  
MELBOURNE, FL 32901

**New Mailing Address:**

707 N PALM AVENUE  
INDIALANTIC, FL 32903

FEI Number: 59-3532444      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:**

GRANT, JOYCE A  
707 N PALM AVE  
INDIALANTIC, FL 32903      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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            GRANT, JOYCE A  
Address:        707 N PALM AVE  
City-St-Zip:    INDIALANTIC, FL 32903

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

Title:            D            ( ) Delete  
Name:            GRANT, ANNA  
Address:        5519 AVONDALE PLACE  
City-St-Zip:    PITTSBURG, PA 15206

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

Title:            D            ( ) Delete  
Name:            WRIGHT, ADRIEL  
Address:        707 N PARK AVE  
City-St-Zip:    INDIALANTIC, FL 32903

Title:            D            (X) Change ( ) Addition  
Name:            WRIGHT, ADRIEL  
Address:        707 N PALM AVE  
City-St-Zip:    INDIALANTIC, FL 32903

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: JOYCE GRANT

MS

06/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date