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:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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