

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001707

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: A FAMILY BUDGET COUNSELING, INC.

**Current Principal Place of Business:**

3410-B N. HARBOR CITY BLVD.  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

3410-B N. HARBOR CITY BLVD.  
MELBOURNE, FL 32935 US

**New Mailing Address:**

FEI Number: 11-3403606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KOENIG, CHRISTINA  
118 5TH AVE.  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

KOENIG, CHRISTINA PRES.  
7667 N. WICKHAM ROAD  
MELBOURNE, FL 32940 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: CHRISTINA KOENIG

03/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: KOENIG, CHRISTINA  
Address: 118 5TH AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VPD ( ) Delete  
Name: FARINELLA, DIANE  
Address: 173 EAST DRIVE  
City-St-Zip: NOMASSADEQUA, NY 11758

Title: TD ( ) Delete  
Name: FARINELLA, CAROL  
Address: 80 ALPINE WAY  
City-St-Zip: HUNT, NY 11746

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

Title: PRES (X) Change ( ) Addition  
Name: KOENIG, CHRISTINA  
Address: 7667 N. WICKHAM RD  
City-St-Zip: MELBOURNE, FL 32940

Title: VPD (X) Change ( ) Addition  
Name: FARINELLA, DIANE  
Address: 173 EAST DRIVE  
City-St-Zip: NO. MASSAPEQUA, NY 11758

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

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINA KOENIG

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date