2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# N98000005777

Entity Name: THE FAMILY C.A.F.E., INC.

Current Principal Place of Business:

1332 N DUVAL ST
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15649
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3611485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAHEY, LORI
3993 BOBBIN BROOK CIRCLE
TALLAHASSEE, FL 32312 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:	PD	( ) Delete
Name:	FAHEY, LORI	
Address:	3993 BOBBIN BROOK CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	CD	( ) Delete
Name:	BARROWS, SUSAN	
Address:	18753 SPRUCE DR W	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	T	( ) Delete
Name:	NURSE, TOM	
Address:	1205 ALAMEDA AVE	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	SD	( ) Delete
Name:	PIERRE, ELMA	
Address:	16220 NW 2ND AVE APT 510	
City-St-Zip:	MIAMI, FL 33169	
Title:	D	( ) Delete
Name:	PINTACUDA, LARRY	
Address:	6019 QUAIL RIDGE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	BELLTAYLOR, JANET	
Address:	3100 SW 62ND AVE	
City-St-Zip:	MIAMI, FL 33155	

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:	
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: KIMBERLY J. GALBAN COO 02/05/2008

Electronic Signature of Signing Officer or Director — Date