

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005777

FILED
Mar 23, 2009
Secretary of State

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:

1332 N DUVAL ST
TALLAHASSEE, FL 32303

FEI Number: 59-3611485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

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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: LORI FAHEY

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date