

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004830

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORIDA INSTITUTE FOR FAMILY INVOLVEMENT, INC.

Current Principal Place of Business:

49 CHRISTY LANE
SOPCHOPPY, FL 32358

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 208
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: 59-3598666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUSTISS, STACY L
49 CHRISTY LANE
SOPCHOPPY, FL 32358 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: ED () Delete
Name: JUSTISS, STACY L
Address: 49 CHRISTY LANE
City-St-Zip: SOPCHOPPY, FL 32358

Title: P/S () Delete
Name: KEELER, SHEREE
Address: 5 MAGNOLIA RIDGE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP/T () Delete
Name: NATTIEL, ELISABETH
Address: 5648 SPECTACULAR BID DR
City-St-Zip: WESLEY CHAPEL, FL 33544

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:

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: STACY JUSTISS

ED

04/30/2009

Electronic Signature of Signing Officer or Director

Date