

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90045 028 ****61.25

DOCUMENT # N99000006533 1. Entity Name FAMILY SUPPORT MINISTRY, INC.					
Principal Place of Business 3703 NW 121 AVE SUNRISE, FL 33323				Mailing Address 3703 NW 121 AVE SUNRISE, FL 33323	
2. Principal Place of Business 1497 NW 126 way Suite, Apt. #, etc.		3. Mailing Address 1497 NW 126 way Suite, Apt. #, etc.			
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 65-0957920	
Zip 33323		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTEGA, EXY L 3703 NW 121 AVE SUNRISE, FL 33323				7. Name and Address of New Registered Agent Name Exy Laura Fiorenza Street Address (P.O. Box Number is Not Acceptable) 1497 NW 126 way City Sunrise, FL Zip Code 33323	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Exy Lauren Oitep <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 04/10/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ORTEGA, EXY L 3703 NW 121 AVE SUNRISE, FL 33323	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Fiorenza, Exy Laura 1497 NW 126 way Sunrise, FL 33323
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD LIVIA, LAVILLA 201 RACQUET CLUB RD. APT 5-429 WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Oscar L. Tortolero 7645 NW 42 Place # K- 255 Sunrise, FL 33351
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD FIORENZA, FRANK PO BOX 24561 SAN JOSE, CA 95154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Rafael Noriega 3703 NW 121 Ave. Sunrise, FL 33323
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV NAVARRO, ADOLFO 2921 SW 16 ST FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Glenis McEwen 1205 Seabreeze boulevard Fort Lauderdale, FL 33316
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV NAVARRO, ANDRES 2921 SW 16 ST. FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Exy Lauren Oitep <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 04/08/05 - 954-8450540 <small>Daytime Phone #</small>	