


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90060 005 \*\*\*\*61.25

<b>DOCUMENT # N99000006533</b> 1. Entity Name <b>FAMILY SUPPORT MINISTRY, INC.</b>					
Principal Place of Business <b>1497 NW 126 WAY SUNRISE, FL 33323</b>			Mailing Address <b>3703 NW 121 AVE SUNRISE, FL 33323</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1497 NW 126 Way</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Sunrise, FL 33323</b>			
Zip	Country	Zip	Country	4. FEI Number <b>65-0957920</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ORTEGA, EXY L 1497 NW 126 WAY SUNRISE, FL 33323</b>				7. Name and Address of New Registered Agent  Name <b>Fiorenza Exy Laura</b> Street Address (P.O. Box Number is Not Acceptable) <b>1497 NW 126 way</b> City <b>Sunrise, FL</b> Zip Code <b>33323</b>	
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 _____ <small>Signature, typed &amp; printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTEGA, EXY L <input type="checkbox"/> Delete 1497 NW 126 WAY SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. <b>Fiorenza, Exy L.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1497 NW 126 way</b> <b>Sunrise, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIVIA, LAVILLA <input type="checkbox"/> Delete 201 RACQUET CLUB RD. APT 5-429 WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Administrator <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Livia Lavilla</b> <b>3703 NW 121 Ave</b> <b>Sunrise, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TORTOLERO, OSCAT L <input type="checkbox"/> Delete 7645 NW 42 PLACE #K-255 SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NORIEGA, RAFAEL <input type="checkbox"/> Delete 3703 NW 121 AVE SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Rafael Noriega - DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>187 Lakeview drive APT. 204</b> <b>Weston, FL 33326</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCEWEN, GLENIS <input type="checkbox"/> Delete 1205 SEABREEZE BLVD FORT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Exy Laura Fiorenza</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>04/10/06</b> Daytime Phone # <b>954-8450540</b>		