

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006533

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: FAMILY SUPPORT MINISTRY, INC.

**Current Principal Place of Business:**

1497 NW 126 WAY  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1497 NW 126 WAY  
SUNRISE, FL 33323

**New Mailing Address:**

FEI Number: 65-0957920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIORENZA, EXY L  
1497 NW 126 WAY  
SUNRISE, FL 33323 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: A ( ) Delete  
Name: FIORENZA, EXY L  
Address: 1497 NW 126 WAY  
City-St-Zip: SUNRISE, FL 33323

Title: P ( ) Delete  
Name: LIVIA, LAVILLA  
Address: 9961 NOG HILL PLACE  
City-St-Zip: SUNRISE, FL 33351

Title: TD ( ) Delete  
Name: TORTOLERO, OSCAR L  
Address: 9947 NOG HILL PLACE  
City-St-Zip: SUNRISE, FL 33351

Title: DV ( ) Delete  
Name: NORIEGA, RAFAEL  
Address: 3703 NW 121 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: DV ( ) Delete  
Name: MCEWEN, GLENIS  
Address: 1205 SEABREEZE BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: LIVIA, LAVILLA  
Address: 9961 NOB HILL PLACE  
City-St-Zip: SUNRISE, FL 33351

Title: TD (X) Change ( ) Addition  
Name: TORTOLERO, OSCAR L  
Address: 9947 NOB HILL PLACE  
City-St-Zip: SUNRISE, FL 33351

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: LAURA EXY FIORENZA

P

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date