FILED
Aug 21, 2006 8:00 am
Secretary of State

07-31-2006 90006 021 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000098522

1. Entity Name
FAMILIES IN RECOVERY OF CENTRAL FLORIDA INC.

Principal Place of Business	Mailing Address
282 SHORT AVE LONGWOOD, FL 32750	PO BOX 520923 Longwood FL 32752

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07262006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3134721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUFIANGE, ANNE
282 Short Avenue
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name: Anne Rufiange

Street Address (P.O. Box Number is Not Acceptable): 175 Warren St

City: Longwood FL Zip Code

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: Anne Rufiange
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUFIANGE, ANNE 282 SHORT AVE LONGWOOD, FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 607, 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: Anne Rufiange
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
660 23327

Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org **Public Inquiry**

Florida Profit

FAMILIES IN RECOVERY OF CENTRAL FLORIDA INC.

PRINCIPAL ADDRESS
282 SHORT AVE
LONGWOOD FL 32750

MAILING ADDRESS
282 SHORT AVE
LONGWOOD FL 32750

Document Number	FEI Number	Date Filed
P05000098522	NONE	07/13/2005
State	**Status**	**Effective Date**
FL	ACTIVE	07/13/2005

Please TAKE off my Home address

Registered Agent

Name & Address
RUFIANGE, ANNE 235 PARSONS RD LONGWOOD FL 32779

I work

Officer/Director Detail

Name & Address	Title
RUFIANGE, ANNE 235 PARSONS RD LONGWOOD FL 32779	P

With Criminals in Violence

Annual Reports

Report Year	Filed Date