

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098522

FILED
Feb 08, 2007
Secretary of State

Entity Name: FAMILIES IN RECOVERY OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

282 SHORT AVE
LONGWOOD, FL 32750

New Principal Place of Business:

282 SHORT AVE
116
LONGWOOD, FL 32750

Current Mailing Address:

PO BOX 520923
LONGWOOD, FL 32752

New Mailing Address:

282 SHORT AVENUE
116
LONGWOOD, FL 32750

FEI Number: 20-3134721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUFIANGE, ANNE
172 WALLON ST
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

RUFIANGE, ANNE
282 SHORT AVENUE
116
LONGWOOD, FL 32750 US

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: ANNE RUFIANGE

02/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUFIANGE, ANNE
Address: 282 SHORT AVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE RUFIANGE

P

02/08/2007

Electronic Signature of Signing Officer or Director

Date