2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008
Secretary of State

DOCUMENT# P06000120861

Entity Name: THE SOUTHERN INSTITUTE FOR FAMILY & COMMUNITY PRESERVATION, INC.

Current Principal Place of Business:

2731 BLAIR STONE LANE
TALLAHASSEE, FL 32301

New Principal Place of Business:

2565 BARRINGTON CIRCLE
TALLAHASSEE, FL 32309

Current Mailing Address:

P.O. BOX 13964
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 20-5672150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KEMP, AMELIA MS,LMHC
2731 BLAIR STONE LANE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

KEMP, AMELIA MS,LMHC
2565 BARRINGTON CIRCLE
TALLAHASSEE, FL 32309 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: AMELIA KEMP 05/13/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KEMP, M.S., LMHC, AMELIA CEO
Address: 2731 BLAIR STONE LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP ( ) Delete
Name: KEMP, LAMARR D SR.
Address: 2731 BLAIR STONE LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: 2VP ( ) Delete
Name: KEMP, LAMARR D II
Address: 2731 BLAIR STONE LANE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KEMP, M.S., LMHC, AMELIA CEO
Address: 2565 BARRINGTON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP (X) Change ( ) Addition
Name: KEMP, LAMARR D SR.
Address: 6543 ALAN A DALE TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: 2VP (X) Change ( ) Addition
Name: KEMP, LAMARR D II
Address: 6543 ALAN A DALE TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMELIA KEMP PRES 05/13/2008
Electronic Signature of Signing Officer or Director Date