

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120861

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

2565 BARRINGTON CIRCLE
TALLAHASSEE, FL 32309

New Principal Place of Business:

3375-E CAPITAL CIRCLE, N.W.
SUITE 4
TALLAHASSEE, FL 32308

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 ()

Name and Address of Current Registered Agent:

KEMP, AMELIA MS,LMHC
2565 BARRINGTON CIRCLE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

KEMP, AMELIA MS,LMHC
3375-E CAPITAL CIRCLE, N.W.
SUITE 4
TALLAHASSEE, FL 32308 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KEMP, M.S., LMHC, AMELIA CEO
Address: 3375-E CAPITAL CIRCLE, N.E., STE. 4
City-St-Zip: TALLAHASSEE, FL 32308

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

SIGNATURE: AMELIA KEMP, M.S., LMHC

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date