2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120861

FILED Apr 28, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3375-E CAPITAL CIRCLE, N.W. 3375-E CAPITAL CIRCLE, N.E. SUITE 4

TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

P.O. BOX 13964

TALLAHASSEE, FL 32317

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

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

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

KEMP, AMELIA MS,LMHC
3375-E CAPITAL CIRCLE, N.E.
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: 04/28/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: I

Name: KEMP, M.S., LMHC, AMELIA CEO Address: 3375-E CAPITAL CIRCLE, N.E., STE. 4

City-St-Zip: TALLAHASSEE, FL 32308

Title: VP

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

Title: 2VP

 Name:
 KEMP, LAMARR D II

 Address:
 6543 ALAN A DALE TRAIL

 City-St-Zip:
 TALLAHASSEE, FL 32309

I hereby 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 all other like empowered.

SIGNATURE: AMELIA B. KEMP, M.S., LMHC PRES 04/28/2010