

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003989

**Entity Name:** FULL CIRCLE FAMILY CENTER, INC.

**Current Principal Place of Business:**

3200 ROBERTS LANE  
LAKE WORTH, FL 33461

**Current Mailing Address:**

3200 ROBERTS LANE  
LAKE WORTH, FL 33461 US

**FEI Number:** 65-1021682

**Certificate of Status Desired:** No

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

THELEMAQUE, KESLERME  
3200 ROBERTS LANE  
LAKE WORTH, FL 33461 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:** KESLERME THELEMAQUE

02/21/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name THOMPSON, DESMOND  
Address 6586 RAINWOOD COVE LANE  
City-State-Zip: LAKE WORTH FL 33463

Title T  
Name JEROME, SERGE JR.  
Address 1520 LAKE AVENUE  
1A  
City-State-Zip: LAKE WORTH FL 33460

Title S  
Name MONFLEURY, MICHELINE  
Address 3017 GRANDIFLORA DR  
City-State-Zip: GREENACRES FL 33467

Title P  
Name THELEMAQUE, KESLERME  
Address 1701 VILLAGE BLVD APT 112  
City-State-Zip: WEST PALM FL 33409

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

**SIGNATURE:** KESLERME THELEMAQUE

**PRESIDENT**

02/21/2017

Electronic Signature of Signing Officer/Director Detail

Date