

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005498

**Entity Name:** CHOICES FAMILY RESOURCE CENTERS, INC.**Current Principal Place of Business:**12 SO. LAKE AVE.  
AVON PARK, FL 33825**Current Mailing Address:**P.O. BOX 166  
AVON PARK, FL 33826-0166 US**FEI Number:** 42-1574213**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FARABEE, KIMBERLY  
1983 NORTH HIGHLANDS BLVD  
AVON PARK, FL 33825 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:** KIMBERLY FARABEE

01/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SMITH, JUSTIN  
Address 1711 DANSBY RD  
City-State-Zip: WAUCHULA FL 33873

Title EXECUTIVE DIRECTOR  
Name FARABEE, KIMBERLY J  
Address 1983 NORTH HIGHLANDS BLVD.  
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR  
Name SMITH, LINDA  
Address 720 SIDNEY ROBERTS RD  
City-State-Zip: ONA FL 33865

Title SECRETARY  
Name GODDARD, TIFFANY  
Address 14001 SR 70 W  
City-State-Zip: LAKE PLACID FL 33852

Title PRESIDENT  
Name RHOADES, CLIFFORD  
Address 1517 CRESCENT DRIVE  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name GRIFFITH, RICHARD DR.  
Address 1100 N ANOKA AVENUE  
City-State-Zip: AVON PARK FL 33825

*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:** KIMBERLY FARABEE

EXECUTIVE DIRECTOR

01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date