

2021 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

03/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title P, DIRECTOR
Name SMITH, JUSTIN
Address 1711 DANSBY RD
City-State-Zip: WAUCHULA FL 33873Title S, DIRECTOR
Name WOOD, BETSY DR.
Address 99 HILLCREST DRIVE
City-State-Zip: AVON PARK FL 33825Title EXECUTIVE DIRECTOR
Name FARABEE, KIMBERLY J
Address 1983 NORTH HIGHLANDS BLVD.
City-State-Zip: AVON PARK FL 33825Title DIRECTOR
Name SMITH, LINDA
Address 720 SIDNEY ROBERTS RD
City-State-Zip: ONA FL 33865Title DIRECTOR
Name GODDARD, TIFFANY
Address 14001 SR 70 W
City-State-Zip: LAKE PLACID FL 33852Title DIRECTOR
Name RHOADES, CLIFFORD
Address 1517 CRESCENT DRIVE
City-State-Zip: SEBRING FL 33870

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**

03/29/2021

Electronic Signature of Signing Officer/Director Detail

Date