

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004624

FILED  
Jul 05, 2005  
Secretary of State

**Entity Name:** FAMILY DEVELOPMENT RESOURCES, INC., PUBLISHING, TRAINING AND CONSULTING

**Current Principal Place of Business:**

146 WINDOVER DR.  
ASHEVILLE, NC 28803

**New Principal Place of Business:**

**Current Mailing Address:**

146 WINDOVER DR.  
ASHEVILLE, NC 28803

**New Mailing Address:**

FEI Number: 39-1434421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZIERFUSS, MAGGIE  
164 AVENIDA MENENDEZ  
ST. AUGUSTINE, FL 32084 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: BAVOLEK, STEPHEN J  
Address: 146 WINDOVER DR  
City-St-Zip: ASHEVILLE, NC 28803

Title: VCVP ( ) Delete  
Name: BAVOLEK, JULIANA D  
Address: 146 WINDOVER DR.  
City-St-Zip: ASHEVILLE, NC 28803

Title: S ( ) Delete  
Name: KOPECKY, BERNADETTE  
Address: 3070 RASMUSSEN RD  
City-St-Zip: PARK CITY, UT 84098

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: BERNADETTE KOPECKY

S

07/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date