FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Suite, Apt. #, etc.

City & State

Zip

FLORIDA ASSOCIATION OF CHILD & FAMILY AGENCIES I

Principal Place of Business Mailing Address 2354 UNIVERSITY BLVD. N. 2354 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 2. Principal Place of Business 2a. Mailing Address

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4. FEI Number Applied For 59-6152174 Not Applicable \$8.75 Additional Z 6. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? Yes Yes X No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes Name and Address of New Registered Agent

FILED

Feb 12 1998 8:00am

Secretary of State

BROWN, ROB 2354 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211

Country

9. Name and Address of Current Registered Agent

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Suite, Apt. #, etc.

City & State

84	City	•	 		88	Zip	Code	
	•			FL	• ``	1		
		corporation					its register	ed

3. Date Incorporated or Qualified

11/07/1962

Street Address (P.O. Box Number is Not Acceptable)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

Country

Name

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition YOUNG, GEORGE NAME 1.2 NAME 100 N. STARCREST DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34618** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition DAVENPORT, MARY ANN NAME 2.2 NAME 8125 LAUREL HILL RD. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ DELETÉ Change TITLE 3.1 TITLE BRIEN, KIM NAME 3.2 NAME 8125 LAUREL HILL RD STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 41 TITLE NAME Brown, Rob 4. 2 NAME 2354 UNIVERSITY BLVD. N. STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP 4.4 CHTY-ST-ZIP ☐ Addition DELETE TITLE 5.1 TITLE ☐ Change MANNING, TOM 5.2 NAME NAME RT. 1 BOX 100 STREET ADDRESS **5.3 STREET ADDRESS** ALTOONA FL 32702 CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Addition DELETE TITLE 6.1 TITLE ☐ Change NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: