

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90169 026 \*\*\*\*70.00

0005318

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 704778**  
 1. Corporation Name  
**FLORIDA ASSOCIATION OF CHILD & FAMILY AGENCIES I NC.**

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



2. Principal Place of Business 21 <b>108 S. Monroe St</b>	2a. Mailing Address 26 <b>108 S. Monroe St.</b>	3. Date Incorporated or Qualified <b>11/07/1962</b>
Suite, Apt. #, etc. 22 <b>Suite 201</b>	Suite, Apt. #, etc. 27 <b>Suite 201</b>	4. FEI Number <b>59-6152174</b>
City & State 23 <b>Tallahassee FL</b>	City & State 28 <b>Tallahassee FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>32301</b>	Country 25 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>32301</b>	Country 30 <b>USA</b>	

9. Name and Address of Current Registered Agent <b>BROWN, ROB</b> 2354 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211	10. Name and Address of New Registered Agent 81 Name <b>Susan A. Moore - Wychulis</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2722 Waterford Glen Ct.</b> 83 <b>1</b> 84 City <b>Tallahassee</b> FL 85 Zip Code <b>32312</b>
---	--

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.  
 SIGNATURE Susan A. Moore - Wychulis DATE 1/14/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP YOUNG, GEORGE 100 N. STARCREST DRIVE CLEARWATER FL 34618</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV DAVENPORT, MARY ANN 8125 LAUREL HILL RD. ORLANDO FL 32818</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS BRIEN, KIM 8125 LAUREL HILL RD ORLANDO FL 32818</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT BROWN, ROB 2354 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV MANNING, TOM RT. 1 BOX 100 ALTOONA FL 32702</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Alex Carmichael 51 Main St Enterprise, FL 32725</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>DS Mangie Bruzzer 1015 Sikes Blvd. Lake Land, FL 33815</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: Susan A. Moore - Wychulis DATE: 1/14/99 DAYTIME PHONE: 850/561-1102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)