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FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13637** (6)

1. Corporation Name

**ALL ABOUT FAMILIES, INC.**

Principal Place of Business

Mailing Address

**2701 SE CORNELL AVE.  
PALM CITY RECREATION CENTER  
PALM CITY FL**

**P.O. BOX 1203  
JENSEN BEACH FL 34958-1203**



3. Date Incorporated or Qualified

**03/03/1986**

4. FEI Number

**59-2649637**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLAGER, MICHELE  
641 SE SOUTHWOOD TRAIL  
STUART FL 34997**

81 Name

**Suzanne Bomeister**

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

**1108 NE Quinn Pl**

83

**Jensen Beach**

84 City

**Jensen Beach**

**FL**

85 Zip Code

**34957**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/1/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KLAGER, MICHELE</b>	
STREET ADDRESS	<b>641 SE SOUTHWOOD TRAIL</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	

TITLE	<b>COP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GIASULLO, DONNA</b>	
STREET ADDRESS	<b>688 HIDDEN RIVER ROAD</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	

TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>POCILUYKO, LORI</b>	
STREET ADDRESS	<b>7769 BAY CEDAR CIRCLE</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	

TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MIRMAN, GWEN</b>	
STREET ADDRESS	<b>469 NE LIMA VIAS</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	

TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NALVEN, LORI</b>	
STREET ADDRESS	<b>2621 SW ESTELLA TER</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34980</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LINK, POLLY</b>	
STREET ADDRESS	<b>419 SW GENEVA DR.</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Suzanne Bomeister</b>	
1.3 STREET ADDRESS	<b>1108 NE Quinn Pl</b>	
1.4 CITY-ST-ZIP	<b>Jensen Beach, FL 34957</b>	

2.1 TITLE	<b>COPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Lisa Henry</b>	
2.3 STREET ADDRESS	<b>8445 SE May Terr</b>	
2.4 CITY-ST-ZIP	<b>Hobe Sound, FL 33455</b>	

3.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Peggy McCray</b>	
3.3 STREET ADDRESS	<b>2 Castle Hill Way</b>	
3.4 CITY-ST-ZIP	<b>Swallow's Point, FL 34996</b>	

4.1 TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Karen Zabaglio</b>	
4.3 STREET ADDRESS	<b>590 Lima Vias</b>	
4.4 CITY-ST-ZIP	<b>Jensen Beach, FL 34957</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	<b>Link, Polly</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Treasurer</b>	
6.3 STREET ADDRESS	<b>3061 SE Aster Ln # 304</b>	
6.4 CITY-ST-ZIP	<b>Stuart FL 34994</b>	

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:

**Suzanne**

**Bomeister**

**new changes**

CR2E037 (10/97)