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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:23

DOCUMENT # **N26148** **(9)**

1. Corporation Name

FAMILY RESOURCE PROGRAM OF NORTH OKALOOSA COUNTY , INC.

Principal Place of Business	Mailing Address
299 S. MAIN STREET CRESTVIEW FL 32536	299 S. MAIN STREET CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1988
3a. Date of Last Report: 08/18/1994
4. FEI Number: 59-2942934 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ROBBINS, DENISE
299 S. MAIN ST
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, DENISE	12 NAME	
STREET ADDRESS	7955 OLD EBENEZER RD.	13 STREET ADDRESS	
CITY-ST-ZIP	LAUREL HILL FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ROBIN	22 NAME	
STREET ADDRESS	137 BEACON BEND RD.	23 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	SD ☐ Change ☐ Addition
NAME	LEE, SARA	32 NAME	HERRERA, CYNTHIA
STREET ADDRESS	5854 E. DOGWOOD STREET	33 STREET ADDRESS	326 SKYLINE CR.
CITY-ST-ZIP	CRESTVIEW FL	34 CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	TD	41 TITLE	TD ☐ Change ☐ Addition
NAME	STOKES, NATALIE	42 NAME	HELLWIG, PIEDAD
STREET ADDRESS	447 BENJAMIN ST.	43 STREET ADDRESS	1121 NORTHVIEW DR.
CITY-ST-ZIP	CRESTVIEW FL	44 CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dennis A. Robbins 2-6-95 682-7692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #