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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N26148

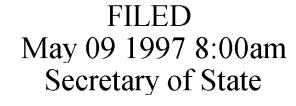
(9)

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 32536-3736





							3. Date Incorporated or Qualifie 04/28/1988	od 3a.	Date of Last R 05/01/19		
2. Principal Place of Business			<u>⊢</u> ¬ ~	2a. Mailing Address			4. FEI Number	Ar	plied For		
21			26			59-2942934	59-2942934				
Sulte, Apt. #, etc.			Suite, Apt. #, 6	el¢. 		5. Certificate of Status Desired See Required					
City & S	late		City & State				6. Election Campaign Financing		\$5.00	May Be	
<u>a]</u>			28				Trust Fund Contribution		Added	to Fees	
Zip		Country	Zip	<u> </u>	ountry		8. This corporation has liability			. 199.032,	
9, Name and Address of Current Registered Agent						Florida Statutes 10. Name and Address of New Re			Yes No		
	B, Italiio	and Addition of Curr	our negistered Agent		81	Name	10. Haine Bild Addisss of New	Helistore	ou Agent		
DARR	HAIO OPAHOD										
ROBBINS, DENISE 299 S. MAIN ST CRESTVIEW FL 32536					82 Street Addr		ress (P.O. Box Number is Not Acceptable)				
									··		
Unco	I VIEW PL OF	000									
					84	City		F	85 Zip	Code	
11. Pursua	nt to the provis	ions of Sections 617.05	502 and 617.1508. Florida	Statutes, the	above	-named co	rporation submits this statement for the			s registered	
office o	r registered ag	ent, or both, in the Sta	te of Florida. Such changing atlons of Section 617.0	e was authorize	ed by	the corpora	rporation submits this statement for thation's board of directors. I hereby ac	cept the a	ppointment as	registered	
•		in, and accept the obli	igations of, Section 617.0	303, Florida 3p	aivies	>.					
SIGNATUR	Signature, typed	or printed name of registered a	gent and title if applicable.	(NOTE: Register	red Ager	nt signature requ	ulred when reinsleting)	DATE			
12.		OFFICERS A	ND DIRECTORS	13			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	RS IN 12	
TITLE	PD		DEL	ETE 1.1	TITLE				Change	Additio	
NAME	ROBBIN	is, denise		1.21	NAME	Ì					
		LD EBENEZER RD.				1					
STREET ADDRES	S 7800 U	LIV COLINELECT TIV.		1.3	STREET	ADDRESS					
		. HILL FL			STREET : City-st	1					
CITY-ST-ZIP			☐ D£L	1.4		1		<u>.</u>	☐ Change	Additio	
CITY-ST-ZIP TITLE	LAUREL VD DAVIS,	. HILL FL ROBIN	☐ DEL	1.4) ETE 2.1	CITY-S	1			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME	LAUREL VD DAVIS, ss 137 BE	. HILL FL ROBIN ACON BEND RD.	☐ DEL	1.4 ETE 2.1 2.21	city-si title name	1			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRES	LAUREL VD DAVIS, S 137 BE CRESTY	. HILL FL ROBIN ACON BEND RD.		1.4 ETE 2.1 2.21 2.33 2.4	CITY-SI TITLE NAME STREET CITY-S	7-ZIP ADDRESS					
CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	LAUREL VD DAVIS, I 137 BE CRESTO	. HILL FL ROBIN ACON BEND RD. MEW FL	☐ DEL	1.4 ETE 2.1 2.21 2.33 2.4	City-Si Title Name Street	7-ZIP ADDRESS			☐ Change		
CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	LAUREL VD DAVIS, 137 BE. CRESTY SD HERREI	. HILL FL ROBIN ACON BEND RD. /IEW FL RA, CYNTHIA		1.4 ETE 2.1 2.2 2.3 2.4 ETE 3.1	CITY-SI TITLE NAME STREET CITY-S	7-ZIP ADDRESS					
CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	LAUREL VD DAVIS, 137 BE. CRESTO SD HERREL 326 SK	. HILL FL ROBIN ACON BEND RD. /IEW FL RA, CYNTHIA YLINE DR.		ETE 2.1 2.2.1 2.3.3 2.4 ETE 3.1 3.21	CITY-SI TITLE NAME STREET CITY-S TITLE NAME	7-ZIP ADDRESS					
CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	LAUREL VD DAVIS, 137 BE CRESTO SD HERREL 326 SK CRESTI	. HILL FL ROBIN ACON BEND RD. /IEW FL RA, CYNTHIA	DEL	1.4 ETE 2.1 2.2 2.3 2.4 ETE 3.1 3.2 3.3 3.4	CITY-SI TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S CITY-S	ADDRESS ST-ZIP ADDRESS			☐ Change	Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	LAUREL VD DAVIS, 137 BE CRESTN SD HERREL 326 SK CRESTI TD BRAME	. HILL FL ROBIN ACON BEND RD. MEW FL RA, CYNTHIA YLINE DR. WEW FL DETHRA	DEL	14 ETE 2.1 2.2 2.3 2.4 ETE 3.1 3.2 3.3 3.4 ETE 4.1 4.2	CITY-SI TITLE NAME STREET, CITY-S TITLE NAME STREET, CITY-S TITLE NAME	ADDRESS ST-ZIP ADDRESS ST-ZIP			☐ Change	Addition	
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