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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N32190 (3)

1. Corporation Name

FLORIDA FOSTER CARE REVIEW PROJECT, INC.

Principal Place of Business	Mailing Address
~~C/O JULIA L. COPE~~ 3050 BISCAYNE BLVD. STE 900 MIAMI FL 33137 US	~~C/O JULIA L. COPE~~ 3050 BISCAYNE BLVD. STE 900 MIAMI FL 33137 US

3. Date Incorporated or Qualified: 05/09/1989

4. FEI Number: 65-0118944 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COPE, JULIA L.
3050 BISCAYNE BLVD, STE 900
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: Laura L. Atkins
82 Street Address (P.O. Box Number is Not Acceptable): 3050 Biscayne Boulevard, Suite 900
83
84 City: Miami **FL** 85 Zip Code: 33137

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: Laura L. Atkins Laura L. Atkins, Executive Director 4/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOLTZMAN, SYLVAN N.		1.2 NAME		
STREET ADDRESS	2601 S BAYSHORE DR, STE 600		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHEERAN, ANNE F.		2.2 NAME		
STREET ADDRESS	19150 S ST ANDREWS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MARRACCINI, LINDA A		3.2 NAME		
STREET ADDRESS	6280 SUNSET DR, STE 407		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SADLER, J. D JR.		4.2 NAME		
STREET ADDRESS	150 WEST FLAGLER, SUITE 1820		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	P/D	☐ Change ☒ Addition
NAME	HALSEY, DOUGLAS		5.2 NAME		
STREET ADDRESS	200 S BISCAYNE BLVD 4980		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	T/D	☐ Change ☒ Addition
NAME	LOWE, ROGER		6.2 NAME		
STREET ADDRESS	3737 NW 87TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Douglas M. Halsey Douglas M. Halsey 4/27/98 305-573-6665