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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42651** (2)

1. Corporation Name

ADVOCATES FOR CHILDREN AND FAMILIES, INC.

Principal Place of Business

Mailing Address

**16831 NE 8TH AVE
N MIAMI BCH FL 33162
US**

**16831 NE 8TH AVE
N MIAMI BCH FL 33162
US**

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

3. Date Incorporated or Qualified

03/21/1991

4. FEI Number

65-0254656

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

10. Name and Address of New Registered Agent

**SLAVIN, LAURIE
20341 NE 30 AVE #109
MIAMI FL 33169**

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 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

12. OFFICERS AND DIRECTORS

TITLE	PD PRESIDENT	<input type="checkbox"/> DELETE
NAME	SLAVIN, LAURIE	
STREET ADDRESS	20341 NE 30 AVE 109	
CITY-ST-ZIP	MIAMI FL	

TITLE	D SECRETARY TREASURER	<input type="checkbox"/> DELETE
NAME	ALLEN GINGER	
STREET ADDRESS	2270 POINSETTA CTM RD	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEDERMAN, JOANN	
STREET ADDRESS	5890 SW 117 STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MASTOS, SALLY	
STREET ADDRESS	8801 S.W. 124 ST.	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DEBORAH	
STREET ADDRESS	7265 LAGO DRIVE WEST	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	D VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	MERCER, SUSAN SCHWARTZ	
STREET ADDRESS	711 THORNBRIDGE AVENUE	
CITY-ST-ZIP	DAVE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MYRNA POSBACK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	528 Alexander Palm Rd	
1.3 STREET ADDRESS	Boca Raton 33432	
1.4 CITY-ST-ZIP	DIRECTOR	

2.1 TITLE	IRV LAMEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	12175 SW 71st Court	
2.3 STREET ADDRESS	MIAMI FL 33156	
2.4 CITY-ST-ZIP	DIRECTOR	

3.1 TITLE	HARRY HENDRAW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	831 NE 182 St	
3.3 STREET ADDRESS	DIRECTOR	
3.4 CITY-ST-ZIP	N MIAMI BEACH FL 33162	

4.1 TITLE	CYNTHIA GATLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	9837 NW 26 Place	
4.3 STREET ADDRESS	SUNRISE FL 33377	
4.4 CITY-ST-ZIP	DIRECTOR	

5.1 TITLE	RICHARD HARRIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	4901 NW 17 way, #406	
5.3 STREET ADDRESS	DIRECTOR	
5.4 CITY-ST-ZIP	Ft Lauderdale, FL 33309	

6.1 TITLE	Yvette Edwards	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	20030 NW Third Court	
6.3 STREET ADDRESS	DIRECTOR	
6.4 CITY-ST-ZIP	MIAMI FL 33169	

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: **Laurie Slavin**

1/15/98 305 653 2474

CR2E037 (10/97)