

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005141 (7)
1. Corporation Name
CENTER FOR FAMILY FOCUS, INC.



Principal Place of Business: P.O. BOX 8673, W. PALM BEACH FL 33407-4602
Mailing Address: P.O. BOX 8673, W. PALM BEACH FL 33407-4602

3. Date Incorporated or Qualified: **11/16/1993**
3a. Date of Last Report: **08/14/1995**
4. FEI Number: **65-0457035**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
MCKISSACK, NORA F
1045 35TH STREET
W. PALM BEACH FL 33407-4602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, MCARTHUR	1.2 NAME	
STREET ADDRESS	1620 NORTHWEST 3RD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, HOWARD	2.2 NAME	
STREET ADDRESS	7565 NEUEC DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, SHARON	3.2 NAME	
STREET ADDRESS	196-D W. 16TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UCKISSACK, NORA F.	4.2 NAME	
STREET ADDRESS	1045-35TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, JELECIA	5.2 NAME	
STREET ADDRESS	906 9TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUGHTOU, DOROTHY	6.2 NAME	
STREET ADDRESS	928 32ND ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	6.4 CITY-ST-ZIP	

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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)(k), 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: *Nora F. McArthur*
DATE: *05/c1/96*
DAYTIME PHONE #: *407-881-2615*

CR2E037 (12/95)