

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000002971

1. Corporation Name
Family Resource Connection, Inc.

400001837854
-05/24/96--01017--010
***70.00

Principal Place of Business Mailing Address
101 W. Venice Ave #24 Venice, FL 34285 **P.O. Box 1354 Osprey, FL 34229**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	6-19-95		
4.	FEI Number	Applied For	Not Applicable
	65-0607864		
5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Barbara Kochmit 1828 Raintree Lane Venice, FL 34293				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Barbara Kochmit* DATE: **5-3-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Executive Director	<input type="checkbox"/> DELETE		1.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Barbara Kochmit			1.2 NAME	Deborah Whitham		
STREET ADDRESS	1828 Raintree Lane			1.3 STREET ADDRESS	3064 Shamrock Dr.		
CITY-ST-ZIP	Venice, FL 34293			1.4 CITY-ST-ZIP	Venice, FL 34293		
TITLE	President	<input type="checkbox"/> DELETE		2.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Doug Laird			2.2 NAME	Shelia Williams		
STREET ADDRESS	7727A Holiday Dr			2.3 STREET ADDRESS	5600 Bee Ridge Rd.		
CITY-ST-ZIP	Sarasota, FL 34231			2.4 CITY-ST-ZIP	Sarasota, FL 34233		
TITLE	V. President	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Jan DeBoer			3.2 NAME			
STREET ADDRESS	613 Four Bays Drive			3.3 STREET ADDRESS			
CITY-ST-ZIP	Nokomis, FL 34275			3.4 CITY-ST-ZIP			
TITLE	Treasurer	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Lynn Lewis			4.2 NAME			
STREET ADDRESS	8905 Pohoy Ave			4.3 STREET ADDRESS			
CITY-ST-ZIP	Sarasota, FL 34231			4.4 CITY-ST-ZIP			
TITLE	Secretary	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Cindy Hicks			5.2 NAME			
STREET ADDRESS	500 Valencia Rd			5.3 STREET ADDRESS			
CITY-ST-ZIP	Venice, FL 34285			5.4 CITY-ST-ZIP			
TITLE	Director	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Donna Spencer			6.2 NAME			
STREET ADDRESS	2180 Sparrow Ct			6.3 STREET ADDRESS			
CITY-ST-ZIP	Sarasota, FL 34239			6.4 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)(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: *Barbara Kochmit* DATE: **5-3-96** (941) 488-1234

CR2E037 (12/95)