

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 05 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 # 1. Corporation Name
195000002971
FAMILY RESOURCE CONNECTION, INC.

Principal Place of Business Mailing Address
101 W. VENICE AVE. #24
VENICE FL 34285

2. Principal Place of Business 2a. Mailing Address
21. *SAME ↑* 26. *SAME ↑*
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. *USA* 29. Country 30. *USA*

3. Date Incorporated or Qualified
6-19-95

4. FEI Number *65-0607864* 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

9. Name and Address of Current Registered Agent
BARBARA KOCHMIT
101 W. VENICE AVE. #24
VENICE FL 34285

10. Name and Address of New Registered Agent
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 617.001 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 provisions of Section 617.003, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required for filing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> DELETE
NAME	<i>CARROLL LEIS</i>	
STREET ADDRESS	<i>505 PALM AVE</i>	
CITY-ST-ZIP	<i>NDKOMIS FL 34275</i>	
TITLE	<i>VICE PRESIDENT</i>	<input type="checkbox"/> DELETE
NAME	<i>DAWEY ROGERS</i>	
STREET ADDRESS	<i>900 RIVIERA ST</i>	
CITY-ST-ZIP	<i>VENICE FL 34285</i>	
TITLE	<i>GINDY HICKS</i>	<input type="checkbox"/> DELETE
NAME	<i>SECRETARY</i>	
STREET ADDRESS	<i>500 VALENCIA RD</i>	
CITY-ST-ZIP	<i>VENICE FL 34285</i>	
TITLE	<i>TREASURER</i>	<input type="checkbox"/> DELETE
NAME	<i>SUSAN HANKS</i>	
STREET ADDRESS	<i>133 S. HARBOR DR</i>	
CITY-ST-ZIP	<i>VENICE FL 34285</i>	
TITLE	<i>DIRECTOR</i>	<input type="checkbox"/> DELETE
NAME	<i>DEBORAH NATHAN</i>	
STREET ADDRESS	<i>3064 SHAMROCK DR</i>	
CITY-ST-ZIP	<i>VENICE FL 34293</i>	
TITLE	<i>DIRECTOR</i>	<input type="checkbox"/> DELETE
NAME	<i>BARBARA KOCHMIT</i>	
STREET ADDRESS	<i>1825 RAIN TREE BLVD</i>	
CITY-ST-ZIP	<i>VENICE FL 34293</i>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<i>100002554681</i>
53 STREET ADDRESS	<i>-06/10/98--01049--029</i>
54 CITY-ST-ZIP	<i>***61.25</i>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Susan C. Hanks Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN C. HANKS
TREASURER
Date: *6/2/98*
Filing Fee: *941-488-7794*

CR2E037 (10/97)

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Family Resource Connection

Board Members 1998-1999

BOLD indicates preferred address and phone

Name	Home Address	Phone	Occupations/affiliation
<i>Treasurer</i> Susan Hanks, CPA	344 Gardenia Rd. Venice 34293	H 493-6195 W 488-7794 Fax 488-1718	Peacock & Company 133 S. Harbor Dr. Venice 34285
<i>Secretary</i> Cindy Hicks	500 Valencia Rd. Venice 34285	H 488-5153 Fax 493-8172	Preschool Teacher Grace Child Care Center
Bob Hunt <i>Director</i>	567 Mt. Vernon Dr. Venice 34293	H 492-2239 W 488-6751 Fax 484-5096	Stock Broker AG Edwards - Bird Bay 700 U.S. 41 N. Bypass Venice 34292
<i>President</i> Carroll Leis	505 Palm Avenue Nokomis 34275	H 484-4107 Fax 484-4107	Retired marketing, advertising public relations
<i>Vice President</i> Dewey Rogers	900 Riviera St. Venice 34285	H 488-8805 Fax 485-5507	Retired guidance counselor university teacher
Ann C. Thompson <i>Director</i>		W 484-1996 Fax 484-9917	Attorney, Marriage & Fam. Law
Jean Vogeles <i>Director</i>	4957 Cross Creek Rd. Sarasota 34231	H 923-4823 W 927-8464	Linders Foundation Program Development
Deborah Whitham <i>Director</i>	3064 Shamrock Dr. Venice 34293	H 488-7573 W 493-4057	Shamrock Preschool Owner/Director
Barbara Kochmit <i>Director</i>	1828 Raintree Lane Venice 34293	H 493-9193	Past Executive Dir. Family Resource Connect.
Loraine Tuenge FRC Community Outreach Coordinator, volunteer	220 Pameto Road Nokomis 34275	H 485-6291 <i>(Volunteer administrator (NON-BOARD MEMBER))</i>	Retired Minister