

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**APPROVED
AND
FILED**

97 OCT 27 PM 2:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001324 (0)
 1. Corporation Name
FATHER'S COALITION INC.



Principal Place of Business 1551 NE MIAMI GARDENS DR APT 318 NORTH MIAMI BEACH FL 33179	Mailing Address 1551 NE MIAMI GARDENS DR APT 318 NORTH MIAMI BEACH FL 33179
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 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 03/11/1996	3a. Date of Last Report
4. FEI Number 65-0657338	Applied For <input type="checkbox"/> Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TERMINELLO, LEO
1551 NE MIAMI GARDENS DR
APT 318
NORTH MIAMI BEACH FL 33179**

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

TITLE	LEO TERMINELLO <input type="checkbox"/> DELETE
NAME	LEO TERMINELLO
STREET ADDRESS	1551 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP	APT 318 N MIAMI BEACH FL 33179
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Linda Pulaski <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Linda Pulaski
1.3 STREET ADDRESS	775 NE 146 ST
1.4 CITY-ST-ZIP	Miami, FL 33161
2.1 TITLE	SANDY GREENE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SANDY GREENE
2.3 STREET ADDRESS	1723 NE 173 ST
2.4 CITY-ST-ZIP	MIAMI, FL 33162
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Joan Terminello <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joan Terminello
4.3 STREET ADDRESS	1551 M. G. D.
4.4 CITY-ST-ZIP	Miami, FL 33179
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	500002332395
5.4 CITY-ST-ZIP	-10/29/97--01054--014
6.1 TITLE	*****61.25 *****61.25
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

8/10/28

14. I do 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 _____ **SIGNATURE REQUIRED** **8-4-97** **305/944-0094**

CR2E037 (4/97)