


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001050 (0)**

1. Corporation Name

**FRIENDS OF THE FAMILY, INC.**



Principal Place of Business <b>*THE COMPANY CORPORATION 1319 N MARKET STREET WILMINGTON DE 19801-1451</b>	Mailing Address <b>*THE COMPANY CORPORATION 1319 N MARKET STREET WILMINGTON DE 19801-1451</b>
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2. Principal Place of Business 21 <b>9002 SE BRIDGE RD.</b> Suite, Apt. #, etc. 22 City & State 23 <b>HOBE SOUND FL.</b> Zip 24 <b>33455</b>	2a. Mailing Address 26 <b>9002 SE BRIDGE RD</b> Suite, Apt. #, etc. 27 City & State 28 <b>HOBE SOUND FL</b> Zip 29 <b>33455</b> Country 30 <b>MARTIN</b>
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3. Date Incorporated or Qualified <b>02/20/1997</b>	4. FEI Number <b>65-0718832</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 <b>NA</b>		

9. Name and Address of Current Registered Agent <b>OLSEN, JAMES 8686 SE ALABAMA PL HOBE SOUND FL 33455</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	1.1 TITLE <b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>CARMEN UBER</b> 1.3 STREET ADDRESS <b>6635 SE FLORAL TERRACE</b> 1.4 CITY-ST-ZIP <b>HOBE SOUND, FL. 33455</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	2.1 TITLE <b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>KEREN SNYDER</b> 2.3 STREET ADDRESS <b>11251 SW THUNDER RD</b> 2.4 CITY-ST-ZIP <b>STUART, FL. 34997</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	3.1 TITLE <b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>JOYCE OLSEN</b> 3.3 STREET ADDRESS <b>8686 SE ALABAMA PLACE</b> 3.4 CITY-ST-ZIP <b>HOBE SOUND, FL. 33455</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	4.1 TITLE <b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>JAMES OLSEN</b> 4.3 STREET ADDRESS <b>8686 SE ALABAMA PLACE</b> 4.4 CITY-ST-ZIP <b>HOBE SOUND, FL. 33455</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>WILLIAM SNYDER</b> 5.3 STREET ADDRESS <b>11251 SW THUNDER RD.</b> 5.4 CITY-ST-ZIP <b>STUART, FL. 34997</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME <b>GARY UBER</b> 6.3 STREET ADDRESS <b>6635 SE FLORAL TERRACE</b> 6.4 CITY-ST-ZIP <b>HOBE SOUND, FL 33455</b>

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: **JAMES N. OLSEN** 1/25/98 561-546-5222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)