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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001050

1. Corporation Name

FRIENDS OF THE FAMILY, INC.

Principal Place of Business

9002 S.E. BRIDGE RD
~~1010 N MARKET STREET~~
HOBE SOUND FL 33455
US

Mailing Address

9002 S.E. BRIDGE RD
~~1010 N MARKET STREET~~
HOBE SOUND FL 33455
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/20/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0718832
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	
Country	Country	
25	30	

9. Name and Address of Current Registered Agent

OLSEN, JAMES
8686 SE ALABAMA PL
HOBE SOUND FL 33455

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 617.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VBER, CARMEN	1.2 NAME	UBER, GARY
STREET ADDRESS	6635 S.E. FLORAL TERRACE	1.3 STREET ADDRESS	SAME
CITY-ST-ZIP	HOBE SOUND FL 33455	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, KEREN	2.2 NAME	
STREET ADDRESS	11251 S.W. THUNDER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, JOYCE	3.2 NAME	OWEN, JOYCE
STREET ADDRESS	8686 S.E. ALABAMA PLACE	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	HOBE SOUND FL 33455	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, JAMES	4.2 NAME	
STREET ADDRESS	8686 S.E. ALABAMA PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, WILLIAM	5.2 NAME	
STREET ADDRESS	11251 S.W. THUNDER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UBER, GARY	6.2 NAME	UBER, CARMEN
STREET ADDRESS	6635 S.E. FLORAL TERRACE	6.3 STREET ADDRESS	SAME
CITY-ST-ZIP	HOBE SOUND FL 33455	6.4 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

OLSEN TREAS.

1/8/99

561-545-3986

Date

Daytime Phone #

CR2E037 (11/98)