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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000001488

1. Corporation Name
FUTURE CHOICES, INCORPORATED

Principal Place of Business 810 GRACE AVE PANAMA CITY FL 32401 US	Mailing Address 810 GRACE AVE PANAMA CITY FL 32401 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/12/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3442521
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent WILLIAMS, PATTI L 2404 W BEACH DR PANAMA CITY FL 32402	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
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, PATTI L	1.2 NAME	
STREET ADDRESS	2404 W BEACH DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32402	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBUISSON, PAULA J	2.2 NAME	
STREET ADDRESS	1405 WEST BEACH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, JULIE A	3.2 NAME	Mildred P. Mills
STREET ADDRESS	2106 ALAMO STREET	3.3 STREET ADDRESS	4608 Schooner Lane
CITY-ST-ZIP	PANAMA CITY FL 32405	3.4 CITY-ST-ZIP	Lynn Haven, Florida 32444
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANKIN, SHERRY	4.2 NAME	Sandra T. Garmon
STREET ADDRESS	208 EAST CENTRAL AVENUE	4.3 STREET ADDRESS	125 Palm Harbour Blvd.
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	4.4 CITY-ST-ZIP	Panama City Beach, Florida 32408
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MICHAEL L	5.2 NAME	
STREET ADDRESS	304 CARDIFF COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, IRENE H	6.2 NAME	
STREET ADDRESS	3910 WAVE AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD FL 32404	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** 2/1/99 (800) 785-4010
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)