

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702244 (5)

1. Corporation Name

FAMILY SERVICE AGENCY INC

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -1 PM 1:54

Principal Place of Business

Mailing Address

3830 SW 2ND CT
FT LAUDERDALE FL 33312

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FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/07/1961

01/25/1994

4. FEI Number

Applied For

59-0824455

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLIN, BRUCE C.
3830 SW 2ND CT
FT. LAUDERDALE FL 33312**

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 607.0502 and 607.1508, 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 607.0505, 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

P

NAME

LEWIS, GARY

STREET ADDRESS

10062 VESTAL PL

CITY-ST-ZIP

CORAL SPRINGS FL

TITLE

V

NAME

MIDDLEBROOKS, PAMELA

STREET ADDRESS

2734 E OAKLAND PK BLVD, STE 200

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

T

NAME

DUKER, STEVEN

STREET ADDRESS

2840 UNIV DR

CITY-ST-ZIP

CORAL SPRINGS FL

TITLE

D

NAME

WALLIN, BRUCE C

STREET ADDRESS

833 NE 18TH CT APT 10

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

S

NAME

EICHNER, PAUL E

STREET ADDRESS

2020 LAKESHORE DR

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V/D

Sue Ellen Boatright

22756 S.W. 56 Ave.

Boca Raton, FL. 33433

S/D

Diane Brower

P.P. Box 5367

Ft. Lauderdale, FL. 33340

S/D

Pam Middlebrooks

2734 E. Oakland Park Blvd. Suite 200

Ft. Lauderdale, FL. 33306

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gary Lewis

1/24/95

587-1035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

0046167