

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 702244

(5)

1. Corporation Name

FAMILY SERVICE AGENCY INC

Principal Place of Business

**3830 SW 2ND CT
FT LAUDERDALE FL 33312**

Mailing Address

**3830 SW 2ND CT
FT LAUDERDALE FL 33312**



3. Date Incorporated or Qualified

04/07/1961

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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 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 **P** ☒ DELETE

1.1 TITLE **P** ☒ Change ☐ Addition

NAME **LEWIS, GARY**

1.2 NAME **Diane Brewer**

STREET ADDRESS **10062 VESTAL PL**

1.3 STREET ADDRESS **1107 S.E. 6th Street**

CITY-ST-ZIP **CORAL SPRINGS FL**

1.4 CITY-ST-ZIP **Ft. Lauderdale, FL. 33301**

TITLE **SD** ☒ DELETE

2.1 TITLE **V** ☐ Change ☒ Addition

NAME **MIDDLEBROOKS, PAMELA**

2.2 NAME **Kay Latona**

STREET ADDRESS **2734 E OAKLAND PK BLVD, STE 200**

2.3 STREET ADDRESS **815 Coconut Drive**

CITY-ST-ZIP **FT LAUDERDALE FL**

2.4 CITY-ST-ZIP **Ft. Lauderdale, FL. 33315**

TITLE **T** ☒ DELETE

3.1 TITLE **T** ☒ Change ☐ Addition

NAME **DUKER, STEVEN**

3.2 NAME **Sue Ellen Boatright**

STREET ADDRESS **2840 UNIV DR**

3.3 STREET ADDRESS **22756 SW 56th Avenue**

CITY-ST-ZIP **CORAL SPRINGS FL**

3.4 CITY-ST-ZIP **Boca Raton, FL. 33433**

TITLE **D** ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **WALLIN, BRUCE C**

4.2 NAME

STREET ADDRESS **833 NE 18TH CT APT 10**

4.3 STREET ADDRESS

CITY-ST-ZIP **FT LAUDERDALE FL**

4.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE

5.1 TITLE **S** ☐ Change ☒ Addition

NAME **EICHNER, PAUL E**

5.2 NAME **Barbara Peterson**

STREET ADDRESS **2020 LAKESHORE DR**

5.3 STREET ADDRESS **4757 N.W. 67th Ave.**

CITY-ST-ZIP **FT LAUDERDALE FL**

5.4 CITY-ST-ZIP **Lauderhill, FL. 33319**

TITLE **VD** ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **BOATWRIGHT, SUE E**

6.2 NAME

STREET ADDRESS **22756 SW 56 AVE**

6.3 STREET ADDRESS

CITY-ST-ZIP **BOCA RATON FL**

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

Date

954-587-7880

Daytime Phone #

CR2E037 (12/95)