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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

727563

(9)

FRIENDS OF CHILDREN FOUNDATION, INC.

Principal Place of Business		Mailing Address					9181 616 1 8181¢ 81811 8¢	Ori mrafi sami
PO BOX 14161 UNIV STATION GAINESVILLE FL 32604-9161		PO BOX 14161 UNIV STATION GAINESVILLE FL 32604-9161			3. Date Incorporated or Qualified 09/26/1973			
						4. FEI Number 59-1535017		plied For at Applicable
2. Principal Pi	lace of Business	2a. Mailing Addre	ess			5. Certificate of Status Desired	□ \$8.75 . Fee Re	Additional equired
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
City & State	Э	City & State				7. Is this nonprofit corporation a home		n?
Zip 24	Country 25	Zip 29	30	Country		This corporation owes or has paid Personal Property Tax due June 30	o. 🗆 Yes 🛭	angible No
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Regis	stered Agent	
				81	Name			
Bryan, 417 NW	MARY B. 24 ST			82	Street Addr	ess (P.Ö. Box Number is Not Acceptable))	
GAINES\	/ILLE FL 32607			83				
				84	City			Code
11. Pursuant i office or re agent, I a	to the provisions of Sections 617, egistered agent, or both, in the S m familiar with, and accept the o	0502 and 617.1508, Florida tate of Florida. Such chang bligations of, Section 617.0	a Statutes, ge was auth)503, Florid	the above torized by la Statutes	e-named corp the corporati s.	oration submits this statement for the purpoon's board of directors. I hereby accept the	pose of changing fi the appointment as	s registered registered
SIGNATURE .	Signature, typed or printed name of registers	d agent and title if applicable.	(NOTE: Re	naistered Age	ent signature require	nd when rejectation)	DATE	
12.								
144	OFFICERS	AND DIRECTORS		13.	ar signaturo roquin	ADDITIONS/CHANGES TO OFFICER		S IN 12
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	SD CARSON, M.L.			13.	a cognition of the		RS AND DIRECTOR	
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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:

MAGNETYSELDE QUATRE B. BRYAN

1/30/98 (352)392-3337

FILED

Feb 06 1998 8:00am

Secretary of State

CR2E037 (10/97