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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:11

DOCUMENT # 728663 (6)

1. Corporation Name
MARRIAGE AND FAMILY ENRICHMENT INSTITUTES, INC.

Principal Place of Business	Mailing Address
6505 N. HIMES AVENUE TAMPA FL 33614	6505 N. HIMES AVENUE TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1974
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-1506631 ☐ Applied For ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CLARKE, DAVID E.
7607 EGYPT LAKE DR.
TAMPA FL 33614

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☒ Change ☐ Addition
NAME	SPRINKLE, GEORGE R	12 NAME	
STREET ADDRESS	~~19729 DEER LAKE ROAD~~	13 STREET ADDRESS	1013 HASTINGS CT.
CITY-ST-ZIP	~~LUTZ FL~~	14 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	CLARKE, WILLIAM G	22 NAME	
STREET ADDRESS	902 SUGARLOAF RD.	23 STREET ADDRESS	
CITY-ST-ZIP	MANITOU SPGS. CO	24 CITY-ST-ZIP	
TITLE	~~S~~	31 TITLE	☐ Change ☐ Addition
NAME	~~ROSS, GUS M (ASST)~~	32 NAME	REMOVE
STREET ADDRESS	~~6012 N GUNLOCK AVE~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL~~	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	CLARKE, KATHLEEN R	42 NAME	
STREET ADDRESS	902 SUGARLOAF RD.	43 STREET ADDRESS	
CITY-ST-ZIP	MANITOU SPGS. CO	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COOK, BETTY	52 NAME	
STREET ADDRESS	37351 HIGHWAY 54 W	53 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CLARKE, DAVID E.	62 NAME	
STREET ADDRESS	7607 EGYPT LAKE DR.	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	64 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)(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: David Clarke 6/9/95 813/879-4927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084310