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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **741497**

1. Corporation Name
FAMILY RESOURCE CENTER OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
9500 S DADELAND BLVD SUITE 350 MIAMI FL 33156 US	9500 S DADELAND BLVD SUITE 350 MIAMI FL 33156 US

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualified: 02/01/1978

4. FEI Number: 59-1788265 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COHAN, EVELYN
2127 BRICKELL AVENUE
BRISTOL TOWER
MIAMI FL 33129

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 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 _____ 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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARRETT, BARBARA		1.2 NAME		
STREET ADDRESS	5980 MIAMI LAKES DR., WINDMERE CORP.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCKENNA, ERIC		2.2 NAME		
STREET ADDRESS	8844 S.W. 72 STREET #I-154		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COHAN, EVELYN		3.2 NAME		
STREET ADDRESS	2127 BRICKELL AVENUE, BRISTOL TOWER		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OLDIGES, MARY		4.2 NAME		
STREET ADDRESS	9500 S. DADELAND BLVD. SUITE 350		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KANDELL, STEPHEN		5.2 NAME		
STREET ADDRESS	150 W. FLAGLER STREET SUITE 2600		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KELLER, JOHN		6.2 NAME		
STREET ADDRESS	3250 MARY STREET STE. 302		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 1/8/99 670-6005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #