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Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743672 (8)

1. Corporation Name

THE FAMILY SOURCE OF FLORIDA, INC.



Principal Place of Business

Mailing Address

2728 PABLO AVE  
STE B  
TALLAHASSEE FL 32308  
US2728 PABLO AVE  
STE B  
TALLAHASSEE FL 32308-4211  
US3. Date Incorporated or Qualified  
07/21/19783a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, TRACEY R  
2728 PABLO AVE  
STE B  
TALLAHASSEE FL 32308

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 CD  
NAME OLDIGES, MARY  
STREET ADDRESS 9500 S DADELAND BLVD. STE 350  
CITY- ST- ZIP MIAMI FL 33158  
☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
☐ Change ☐ AdditionTITLE TD  
NAME LUNETTA, PAUL  
STREET ADDRESS PO BOX 2286 N A  
CITY- ST- ZIP JACKSONVILLE FL 32203  
☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
☐ Change ☐ AdditionTITLE SD  
NAME REED, PAUL  
STREET ADDRESS 14308 KELLINGREW PL.  
CITY- ST- ZIP TAMPA FL 33624  
☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
☐ Change ☐ AdditionTITLE DE  
NAME KITTSLY, LORI  
STREET ADDRESS 2100 E MICHIGAN ST  
CITY- ST- ZIP ORLANDO FL 32806  
☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
☐ Change ☐ AdditionTITLE PD  
NAME HOWZE, WENDELL  
STREET ADDRESS 2000 BULLDOG LN.  
CITY- ST- ZIP ST. CLOUD FL 34709  
☒ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP  
☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0007885

CR2E037 (9/96)