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Mar 24 1998 8:00am  
Secretary of State

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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortheim<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 743672 (8)

1. Corporation Name

THE FAMILY SOURCE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

3720 PABLO AVE STE-B  
TALLAHASSEE FL 32308-32301  
US

3720 PABLO AVE STE-B  
TALLAHASSEE FL 32308-32301  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/21/1978

4. FEI Number

59-1944924

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

KENNEDY, TRACEY R  
3720 PABLO AVE STE-B  
TALLAHASSEE FL 32308-32301

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

Tracey R. Kennedy, Vice President, Operations

2/14/98

Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE  
NAME OLDIGES, MARY  
STREET ADDRESS 9500 S DADELAND BLVD. STE 350  
CITY-ST-ZIP MIAMI FL 33156

TITLE TD ☒ DELETE  
NAME LUNETTA, PAUL  
STREET ADDRESS PO BOX 2286 N A  
CITY-ST-ZIP JACKSONVILLE FL 32203

TITLE SD VICE CHAIR ☐ DELETE  
NAME REED, PAUL  
STREET ADDRESS 14308 KELLINGREW PL.  
CITY-ST-ZIP TAMPA FL 33624

TITLE DE CHAIR ☐ DELETE  
NAME KITTSLY, LORI  
STREET ADDRESS 2100 E MICHIGAN ST  
CITY-ST-ZIP ORLANDO FL 32808

TITLE MIHELLE FERRER OFFICER ☐ DELETE  
NAME 3041 MCCARTY HALL, POB 110310  
STREET ADDRESS U.F.  
CITY-ST-ZIP GAINESVILLE, FL 32611

TITLE SECRETARY ☐ DELETE  
NAME PAUL REED  
STREET ADDRESS 14308 KELLINGREW PLACE  
CITY-ST-ZIP TAMPA, FL 33624

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DEBRA BARRA OFFICER ☐ Change ☒ Addition  
1.2 NAME P.O. BOX 4227  
1.3 STREET ADDRESS TAMPA, FL 33677 (N/A)  
1.4 CITY-ST-ZIP

2.1 TITLE MASON ALLEN OFFICER ☐ Change ☒ Addition  
2.2 NAME P.O. BOX 288  
2.3 STREET ADDRESS MT. DORA, FL 32756 (N/A)  
2.4 CITY-ST-ZIP

3.1 TITLE BOB RACKLEPP OFFICER ☐ Change ☒ Addition  
3.2 NAME 816 CHERRY STREET  
3.3 STREET ADDRESS TALLAHASSEE, FL 32302  
3.4 CITY-ST-ZIP

4.1 TITLE FRAN STEIN OFFICER ☐ Change ☒ Addition  
4.2 NAME 840 SW 81ST AVENUE  
4.3 STREET ADDRESS N. LAUDERDALE, FL 33068  
4.4 CITY-ST-ZIP

5.1 TITLE JAN MCCARDLE OFFICER ☐ Change ☒ Addition  
5.2 NAME 501 N. ORANGE AVE. STE. 300  
5.3 STREET ADDRESS ORLANDO, FL 32801  
5.4 CITY-ST-ZIP

6.1 TITLE RON WILSON TREASURER ☐ Change ☒ Addition  
6.2 NAME P.O. BOX 56130  
6.3 STREET ADDRESS ORLANDO, FL 32856 (N/A) (D)  
6.4 CITY-ST-ZIP

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: Tracey R. Kennedy, Vice President, Operations 2/14/98 488-5437

CR2E037 (10/97)