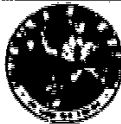


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754634

(4)

1. Corporation Name

THE EXTENDED FAMILY, INC.

Principal Place of Business

Mailing Address

719 WALKER STREET
P. O. BOX 10174
DAYTONA BEACH FL 32120

719 WALKER STREET
P. O. BOX 10174
DAYTONA BEACH FL 32120

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1980

3a. Date of Last Report

03/29/1994

4. FBI Number

59-2048863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$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 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

10. Name and Address of New Registered Agent

SHELLEY, W. DENIS
313 S. PALMETTO AVENUE
DAYTONA BEACH FL 32114

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FAIN, CHARLES
STREET ADDRESS 325 FORDHAM STREET
CITY - ST - ZIP DAYTONA BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

600001491876
-05/17/95--01145--003
*****61.25 *****61.25

TITLE VD
NAME GODDARD, JEANNE
STREET ADDRESS 225 SURF SCOOTER
CITY - ST - ZIP DAYTONA BCH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE DT
NAME BENTLEY, GEORGE
STREET ADDRESS 132 POINT O WOODS DR
CITY - ST - ZIP DAYTONA BCH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE PD
NAME FISHER, JACK
STREET ADDRESS 770 W. GRANDA BLVD., #203
CITY - ST - ZIP ORMOND BEACH FL 32174

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE DS
NAME STEIN, MARCIA
STREET ADDRESS 9 SHAWNEE TRAIL
CITY - ST - ZIP ORMOND BEACH FL 32174

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☒ Change ☐ Addition

VP
Stein, Marcia
9 Shawnee Trail
Ormond Beach, FL 32174

TITLE M
NAME HEIDRICH, NANNETTE G
STREET ADDRESS 917 HAMLIN DR.
CITY - ST - ZIP SOUTH DAYTONA FL 32119

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nannette Heidrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nannette Heidrich

4-28-95

904-250 2489