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

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. FEI Number: **59-2048863** ☐ 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

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

9. Name and Address of Current Registered Agent

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

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 _____
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FAIN, CHARLES	1.2 NAME	
STREET ADDRESS	325 FORDHAM STREET	1.3 STREET ADDRESS	600001491875
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	-05/17/95--01145--003 *****61.25 *****61.25
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	GODDARD, JEANNE	2.2 NAME	
STREET ADDRESS	225 SURF SCOOTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	BENTLEY, GEORGE	3.2 NAME	
STREET ADDRESS	132 POINT O WOODS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, JACK	4.2 NAME	
STREET ADDRESS	770 W. GRANDA BLVD., #203	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	VP ☒ Change ☐ Addition
NAME	STEIN, MARCIA	5.2 NAME	Stein, Marcia
STREET ADDRESS	9 SHAWNEE TRAIL	5.3 STREET ADDRESS	9 Shawnee Trail
CITY-ST-ZIP	ORMOND BEACH FL 32174	5.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	M	6.1 TITLE	☐ Change ☐ Addition
NAME	HEIDRICH, NANNETTE G	6.2 NAME	
STREET ADDRESS	917 HAMLIN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	6.4 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: Nannette Heidrich 4-28-95 904-258 2489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nannette Heidrich

0093419