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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

THE E	MENT # 754634 EXTENDED FAMILY, INC.) 							
Principal Place	e of Business	Mailing Address							
719 WALKER P. O. BOX 1		719 WALKER STREET P. O. BOX 10174							
DATIONA	ERON PE 32120	DAYTONA BEACH FL	32120		3. Date Incorporated or Qualific 10/14/1980	ed 3a.	Date of Last 05/01/		
Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
0.4- 4-1		26			59-2048863		 	Not Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required	
City & State	e 	City & State			Election Campaign Financing Trust Fund Contribution	, _		0 May Be	
Zip	Country 25	Ζιρ 29	Countr	у	This corporation has liability Florida Statutes	for intangible	tax under s		
	9. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New				
4			81	Name					
SHELLEY, W. DENIS 313 S. PALMETTO AVENUE DAYTONA BEACH FL 32114		1		2 Street	et Address (P.O. Box Number is Not Acceptable)				
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DATION	NA DEAUTI PL 32114		83	"					
			84	City			8 5 Zij	p Code	
1. Pursuant t	to the provisions of Sections 617.0502 a			1		F			
		and 617.1508. Florida Statut	es the above	named co	progration submits this statement for the	Diwasaa af	ata a a la a la a	1 1 10	
or register familiar wi	red agent, or both, in the State of Florida th, and accept the obligations of Section	and 617,1508, Florida Statut 3. Such change was authoriz 5. 617,0503, Florida Statute	es, the above ted by the corp	named co poration's	orporation submits this statement for the board of directors. I hereby accept the a	purpose of oppointment	changing its r as registered	egistered offi Lagent, Lam	
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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.

IGNATURE:

| SIGNATURE | SIGNATURE | SIGNATURE | SIGNING OFFICER OR DIRECTOR | SIGNING OFFICER OR DIRECTOR | SIGNING OFFICER OR DIRECTOR | Date | Dayting Phone #

SIGNATURE: