

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 754634 (4)**

1. Corporation Name

**THE EXTENDED FAMILY, INC.**

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified

**10/14/1980**

3a. Date of Last Report

**05/01/1995**

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

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 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

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

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

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

TITLE **V** ☐ DELETE  
NAME **SETIN, MARCIA**  
STREET ADDRESS **9 SHAWNEE TRAIL**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DT** ☐ Change ☒ Addition  
1.2 NAME **Dwyer, Jean**  
1.3 STREET ADDRESS **452 Nautilus Avenue**  
1.4 CITY-ST-ZIP **Daytona Beach, FL 32118**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **Bentley, George**  
2.3 STREET ADDRESS **132 Point O Woods Drive**  
2.4 CITY-ST-ZIP **Daytona Beach, FL 32114**

3.1 TITLE **DV** ☒ Change ☐ Addition  
3.2 NAME **Fisher, Jack**  
3.3 STREET ADDRESS **770 W. Granada Blvd., #203**  
3.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

4.1 TITLE **DP** ☒ Change ☐ Addition  
4.2 NAME **Stein, Marcia**  
4.3 STREET ADDRESS **9 Shawnee Trail**  
4.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

5.1 TITLE **M** ☒ Change ☐ Addition  
5.2 NAME **Heidrich, Nannette G.**  
5.3 STREET ADDRESS **719 Walker Street**  
5.4 CITY-ST-ZIP **Holly Hill, FL 32117**

6.1 TITLE **DS** ☐ Change ☒ Addition  
6.2 NAME **Stroud, Gloria**  
6.3 STREET ADDRESS **32 Iroquois Trail**  
6.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

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)(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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Nannette Gene Heidrich

**3-4-96**

Date

**904-252-2489**

Daytime Phone #

CR2E037 (12/95)