


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 754634 (4)</b> 1. Corporation Name <b>THE EXTENDED FAMILY, INC.</b>			
Principal Place of Business <b>719 WALKER STREET P. O. BOX 10174 DAYTONA BEACH FL 32120</b>		Mailing Address <b>719 WALKER STREET P. O. BOX 10174 DAYTONA BEACH FL 32120-0174</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Zip <b>29</b>	
Country <b>25</b>		Country <b>30</b>	
3. Date Incorporated or Qualified <b>10/14/1980</b>			
3a. Date of Last Report <b>03/07/1996</b>			
4. FEI Number <b>59-2048863</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>SHELLEY, W. DENIS 313 S. PALMETTO AVENUE DAYTONA BEACH FL 32114</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number Is Not Acceptable)	
		83	
		84 City	
		<b>FL</b>	
		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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	
NAME	DWYER, JEAN		
STREET ADDRESS	452 NAUTILUS AVE		
CITY-ST-ZIP	DAYTONA BEACH FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	BENTLEY, GEORGE		
STREET ADDRESS	132 POINT O WOODS DR		
CITY-ST-ZIP	DAYTONA BCH FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	FISHER, JACK		
STREET ADDRESS	770 W. GRANDA BLVD., #203		
CITY-ST-ZIP	ORMOND BEACH FL		
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	SETIN, MARCIA		
STREET ADDRESS	9 SHAWNEE TRAIL		
CITY-ST-ZIP	ORMOND BEACH FL		
TITLE	M	<input type="checkbox"/> DELETE	
NAME	HEIDRICH, NANNETTE G		
STREET ADDRESS	719 WALKER ST		
CITY-ST-ZIP	HOLLY HILL FL		
TITLE	DS	<input type="checkbox"/> DELETE	
NAME	STROUD, GLORIA		
STREET ADDRESS	32 IROQUOIS TRAIL		
CITY-ST-ZIP	ORMOND BCH FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	Downey, Marie		
1.3 STREET ADDRESS	728 St. Andrews Circle		
1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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: <i>Nannette Heidrich</i> <b>4-11-97</b> <b>904/252-2489</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)