


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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																																																																								
2. Principal Place of Business 21 719 WALKER ST. Suite, Apt. #, etc. 22 City & State 23 HOLLY HILL 32117 Zip Country 24 FL 25 VOLUSIA		2a. Mailing Address 26 P O BOX 10174 Suite, Apt. #, etc. 27 City & State 28 DAYTONA BEACH Zip Country 29 32120 30 VOLUSIA		3. Date Incorporated or Qualified 10/14/1980 4. FEI Number 59-2048863 Applied For Not Applicable																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																											
9. Name and Address of Current Registered Agent SHELLEY W. DENIS 313 G. PALMETTO AVENUE DAYTONA BEACH FL 32114			10. Name and Address of New Registered Agent 81 Name ANN FORD, EXEC. DIR. 82 Street Address (P.O. Box Number is Not Acceptable) 719 WALKER ST. 83 84 City HOLLY HILL FL 85 Zip Code 32117																																																																								
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 <u>Ann Ford EXEC. DIR.</u> ANN FORD 6/18/98 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																											
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;"> <input type="checkbox"/> DELETE </td> </tr> <tr> <td></td> <td>TD DOWNEY, MARIE</td> <td>728 ST ANDREWS CIRCLE</td> <td>NEW SMYRNA BEACH FL</td> <td></td> </tr> <tr> <td></td> <td>DV FISHER, JACK</td> <td>770 W. GRANDA BLVD., #203</td> <td>ORMOND BEACH FL</td> <td style="text-align: center;"><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td>DP SETIN, MARCIA</td> <td>9 SHAWNEE TRAIL</td> <td>ORMOND BEACH FL</td> <td style="text-align: center;"><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td>M HEIDRICH, NANNETTE G</td> <td>719 WALKER ST</td> <td>HOLLY HILL FL</td> <td style="text-align: center;"><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td>DS STROUD, GLORIA</td> <td>32 IROQUOIS TRAIL</td> <td>ORMOND BCH FL</td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE		TD DOWNEY, MARIE	728 ST ANDREWS CIRCLE	NEW SMYRNA BEACH FL			DV FISHER, JACK	770 W. GRANDA BLVD., #203	ORMOND BEACH FL	<input checked="" type="checkbox"/> DELETE		DP SETIN, MARCIA	9 SHAWNEE TRAIL	ORMOND BEACH FL	<input checked="" type="checkbox"/> DELETE		M HEIDRICH, NANNETTE G	719 WALKER ST	HOLLY HILL FL	<input checked="" type="checkbox"/> DELETE		DS STROUD, GLORIA	32 IROQUOIS TRAIL	ORMOND BCH FL	<input type="checkbox"/> DELETE					<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">1.1 TITLE</td> <td style="width:40%;">1.2 NAME</td> <td style="width:10%;">1.3 STREET ADDRESS</td> <td style="width:10%;">1.4 CITY-ST-ZIP</td> <td style="width:10%; text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td>PRESIDENT</td> <td>MARIE DOWNEY</td> <td>728 ST. ANDREWS CIRCLE</td> <td></td> </tr> <tr> <td></td> <td></td> <td>RICHARD SNYDER</td> <td>43 KATHY DR.</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td>THOMAS LEEK 40 COBB, COLE + BELL ATTKS.</td> <td>150 MAGNOLIA AV</td> <td></td> </tr> <tr> <td></td> <td></td> <td>500002608435</td> <td>-08/05/98--01099--017</td> <td></td> </tr> <tr> <td></td> <td></td> <td>***61.25</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		PRESIDENT	MARIE DOWNEY	728 ST. ANDREWS CIRCLE				RICHARD SNYDER	43 KATHY DR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			THOMAS LEEK 40 COBB, COLE + BELL ATTKS.	150 MAGNOLIA AV				500002608435	-08/05/98--01099--017				***61.25							<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E037 (10/97)

14. I 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: [Signature] **6/18/98**