

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 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
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**DOCUMENT # 754889 (4)**  
1. Corporation Name  
**FLORIDA FAMILY RESOURCE COALITION, INC.**



Principal Place of Business <b>42 EAST JACKSON STREET ORLANDO FL 32801 US</b>	Mailing Address <b>42 EAST JACKSON STREET ORLANDO FL 32801-3402 US</b>
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3. Date Incorporated or Qualified <b>10/29/1980</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2917063</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**FOREMAN, SUE  
42 EAST JACKSON STREET  
1940 SUMMERLAND AVE.  
WINTER PARK FL 32789**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FOREMAN, SUE</b>	
STREET ADDRESS	<b>1940 SUMMERLAND AVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>FULLER, GEORGE</b>	
STREET ADDRESS	<b>ORLANDO-G-0FG075-IVANHOE BLVD.</b>	
CITY-ST-ZIP	<b>ORLANDO-FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARK, JOANNE</b>	
STREET ADDRESS	<b>42 EAST JACKSON STREET</b>	
CITY-ST-ZIP	<b>ORLANDO-FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>6711 FAIRWAY COVE DR.</b>
2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32835</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>3660 S. CENTRAL</b>
3.4 CITY-ST-ZIP	<b>FLAGLER BCH, FL 32136</b>
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: *Sue Foreman* (407) **APR 14 1997 2:05 PM**

CR2E037 (9/96)