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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 42 EAST JACKSON STREET ORLANDO FL 32801 US	Mailing Address 42 EAST JACKSON STREET ORLANDO FL 32801 US
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3. Date Incorporated or Qualified 10/29/1980	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2917063		

2. Principal Place of Business 21 HEALTHY COMMUNITY INITIATIVE Suite, Apt. #, etc.	2a. Mailing Address 26 90 HEALTHY COMMUNITY INITIATIVE Suite, Apt. #, etc.
22 507 E. MICHIGAN AVE City & State	27 507 E. MICHIGAN AVE City & State
23 ORLANDO, FL Zip 24 32806	28 ORLANDO, FL Zip 29 32806
Country 25 USA	Country 30 USA

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

10. Name and Address of New Registered Agent
81 Name SUE FOREMAN
82 Street Address (P.O. Box Number is Not Acceptable) HEALTHY COMMUNITY INITIATIVE
83 507 E. MICHIGAN AVE.
84 City ORLANDO FL 85 Zip Code 32806

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 Sue Foreman, Treasurer DATE Apr 24, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOREMAN, SUE 1940 SUMMERLAND AVE WINTER PARK FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FULLER, GEORGE 6711 FAIRWAY COVE DR. ORLANDO FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, JOANNE 3660 S. CENTRAL FLAGLER BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PD LARSON, RAY 507 E. MICHIGAN AVE ORLANDO FL 3280
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD CLARK, JOANNE 3660 S. CENTRAL FLAGLER BCH. 32136
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD FOREMAN, SUE 1940 SUMMERLAND AVE, WINTER PARK, FL 32789
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 (SUE FOREMAN) DATE Apr 24, 1998
Signature and typed or printed name of signing officer or director

CR2E037 (10/97)