

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90198 013 ****61.25

DOCUMENT # 754889

1. Corporation Name

FLORIDA FAMILY RESOURCE COALITION, INC.

Principal Place of Business

507 E MICHIGAN AVE
ORLANDO FL 32806
US

Mailing Address

507 E MICHIGAN AVE
ORLANDO FL 32806
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/29/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2917063

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

25

29

30

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOREMAN, SUE

~~507 E MICHIGAN AVE~~
1940 SUMMERLAND AVE.
~~ORLANDO FL 32806~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1940 SUMMERLAND AVE

83

84 City

WINTER PARK

FL

85 Zip Code

32789

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 27, 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME FOREMAN, SUE

STREET ADDRESS 1940 SUMMERLAND AVE

CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME FULLER, GEORGE

STREET ADDRESS 6711 FAIRWAY COVE DR.

CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME CLARK, JOANNE

STREET ADDRESS 3680 S. CENTRAL

CITY-ST-ZIP FLGLER BCH FL 32136

TITLE ☐ DELETE

NAME FOREMAN, SUE

STREET ADDRESS 1940 SUMMERLAND AVE

CITY-ST-ZIP WINTER PK FL 32789

TITLE ☐ DELETE

NAME LARSON, RAY

STREET ADDRESS 507 E MICHIGAN AVE

CITY-ST-ZIP ORLANDO FL 3280

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Sue Foreman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 27, 1999
407-740-8410

Daytime Phone #

CRZE037 (11/98)