

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.

26

Suite, Apt. #, etc.

4. FEI Number 59-2917063

Applied For Not Applicable

City & State

27

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

28

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

25

29

30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 27, 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD FOREMAN, SUE 1940 SUMMERLAND AVE WINTER PARK FL

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

VD FULLER, GEORGE 6711 FAIRWAY COVE DR. ORLANDO FL

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

SD CLARK, JOANNE 3680 S. CENTRAL FLGLER BCH FL 32136

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TD FOREMAN, SUE 1940 SUMMERLAND AVE WINTER PK FL 32789

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

PD LARSON, RAY 507 E MICHIGAN AVE ORLANDO FL 3280

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue Foreman

Date 1999

Daytime Phone #

407-740-8410

CRZE037 (11/98)