

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **757986** (5)

1. Corporation Name
FLORIDA FAMILY LIVING, INC.

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**1009 10TH AVE. W
PALMETTO FL 34221**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/11/1981	3a. Date of Last Report 03/25/1994
4. FEI Number 59-2225882	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 189 U.S.C. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WHITTAKER, CECIL
1009 10TH AVE. W.
PALMETTO FL 34221**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0509, Florida Statutes.

SIGNATURE _____
Signature: typed or printed name of registered agent and the filer (agent) (FILER: Registered Agent or public registered filer (member)) (FILER)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12'	
TITLE NAME STREET ADDRESS CITY ST ZIP	PTD WHITTAKER, CECIL A 1009 10TH AVE. W. PALMETTO FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D GAYLORD, BRENDA 1009 10TH AVE. W. PALMETTO FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VSD WHITTAKER, DOLLY 1009 10TH AVE. W. PALMETTO FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Cecil Whittaker
cecil whittaker Adm.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5-8-95** (813-722-1433)
Expiring 1995