FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

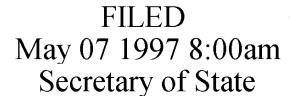
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(5)

FLORIDA FAMILY LIVING, INC.



	Transci Civilla, iiio.								
Principal Place of Business		Mailing Address				- I LEGILI GEREL HELEN HELD FELLEN FE	MILL MEMAN MIL	NI BIBII BIBII I	11811 Albir 1883
1009 10TH AVE. W. PALMETTO FL 34221		1009 10TH AVE, W. PALMETTO FL 34221-3723							
				_		3. Date incorporated or Qualified 05/11/1981	3a. Da	te of Last R 03/13/18	eport 96
2. Principal Place	of Business	2a. Mailing Address 26				4. FEI Number 59-2225882	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Required		
City & State		City & State	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	30 Cour			8. This corporation has liability for intangible tax under s. 19 Florida Statutes Yes No			. 199.032,
9.	Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Re	gistered A	gent	~
	A PAU			["]	Name				_
WHITTAKER, CECIL 1009 10TH AVE. W.				82 83	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
PALMETTO	FL 34221			83					
				84	City		FL	85 Zip (Code
11. Pursuant to the	provisions of Sections 617.0502	and 617.1508, Florida Statu	rtes, the a	POVE	e-named corp	oration submits this statement for the p		changing It	s registered
office of regist agent. I am far	ered agent, or both, in the State i miliar with, and accept the obliga	of Fiorida. Such change was itions of, Section 617.0503, F	aumonze Iorida Sta	tutes	/ ine corporati 3.	oration submits this statement for the poor's board of directors. I hereby acception's	or the appo	Mniment as	registered
SIGNATURE									
Signat	ture, typed or printed name of registered agen			d Ape	ni signature require	ed when reinstating)	DATE		
12.	OFFICERS AND	DELETE	13.	0.5		ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	RS IN 12
	PTD MHITTAKER, CECIL A	□ DECEIE	1.1 T		1			Grange	E.J Addition
	1009 10TH AVE. W.		1.2 N		1000000				- 1
1 .	PALMETTO FL		1.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·				
				1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
	A STATE OF THE STA			2.2 NAME				Ondingo	FAGUITOR
	1009 10TH AVE. W.			2.3 STREET ADDRESS					
	PALMETTO FL				ST-ZIP				
	/SD	DELETE	3.1 7		31 - Fit		***************************************	Change	Addition
	MHITTAKER, DOLLY		3.2 N					•	
	1009 10TH AVE. W.				ADDRESS				
	PALMETTO FL				ST-ZIP				
TITLE		DELETE	4.1 T	ITLE			~~~~··········	Change	Addition
NAME			4.21	NAME]
STREET ADDRESS			4.3 S	TREET	ADDRESS				ļ
CHTY - ST - ZHP			4.4 0	ITY-S	T-21P				
TITLE		☐ DELETE	5.1 T	TLE		3		Change	Addition
NAME			5.2 N	IAME	. 1]
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 0	ITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 T	ITLE				Change	Addition
NAME			6.2 N	AME	1				,
STREET ADDRESS			6.3 \$	TREET	ADDRESS				İ
CITY-ST-ZIP			6.40	ITY-S	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.

CLUS AND THE DIES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR