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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759377 (5)

1. Corporation Name
**THE FAMILY RESOURCE PROGRAM OF SOUTH OKALOOSA CO
UNTY, INC.**



Principal Place of Business BEAL 340 BEAL PARKWAY NW FT WALTON BEACH FL 32548	Mailing Address FAMILY RESOURCE PROGRAM OF OKALOOSA COUNTY 340 BEAL PKWY. N.W. FORT WALTON BEACH FL 32548-3924 US
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2. Principal Place of Business 21 340 BEAL PKWY NW	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/29/1981	3a. Date of Last Report 02/28/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2211700	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EBEOGLU, SHERYL 340 BEAL PKWY., N.W. FORT WALTON BEACH FL 32548		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, PATSY	1.2 NAME	
STREET ADDRESS	500 WOODLAND PARK	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	1.4 CITY-ST-ZIP	32569
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMMONS, PAT	2.2 NAME	
STREET ADDRESS	214 MARTISA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, SALLY	3.2 NAME	Lynn Handsel
STREET ADDRESS	9 MEIGS DR	3.3 STREET ADDRESS	6 Wedgewood Lane
CITY-ST-ZIP	SHALIMAR FL 32579	3.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	EBEOGLU, SHERYL	4.2 NAME	
STREET ADDRESS	154 COUNTRY CLUB RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL 32579	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAWCZYK, NANCY	5.2 NAME	
STREET ADDRESS	322 OAK LAKE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODY, YVONNE	6.2 NAME	Kathy Fleiszar
STREET ADDRESS	723 GREENWOOD ST.	6.3 STREET ADDRESS	7 Meigs Drive
CITY-ST-ZIP	FT. WALTON BCH FL	6.4 CITY-ST-ZIP	Shalimar, FL 32579

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.

SIGNATURE: Sheryl Ebeoglu **REQUIRED** EBEOGLU JAN. 14, 1997 (904) 833-3949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073990

CR2E037 (9/96)