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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **763137** **(7)**

1. Corporation Name

FLORIDA ASSOCIATION OF FAMILY AND CONSUMER SCIEN CES, INC.

Principal Place of Business	*Mailing Address*
10866 MORGAN HORSE DR. E. JACKSONVILLE FL 32257	10866 MORGAN HORSE DR. E. JACKSONVILLE FL 32257-4712

3. Date Incorporated or Qualified: 05/05/1982
3a. Date of Last Report: 07/17/1996

2. Principal Place of Business
21 12034 ARBOR Lake DR.
22 Suite, Apt. #, etc.
23 City & State: Jacksonville
24 Zip: 32225
25 Country: Duval

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-6141219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INGRAHAM, LINA
10866 MORGAN HORSE DR. E.
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: Lina Ingraham
82 Street Address (P.O. Box Number is Not Acceptable): 12034 ARBOR Lake DR.
83
84 City: Jacksonville **FL** 85 Zip Code: 32225

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: Lina S Ingraham, Exec. Dir. DATE: 3/11/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	COOK, LINDA		1.2 NAME	JOYCE MILES	
STREET ADDRESS	U.F.BLDG. 87, POB 110470 (N/A)*		1.3 STREET ADDRESS	245 Meadowfield Bluff Rd.	
CITY-ST-ZIP	GAINESVILLE FL 32611-0470		1.4 CITY-ST-ZIP	Yulee FL 32078	
TITLE	V/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOYNTON, EDALENIA		2.2 NAME		
STREET ADDRESS	4748 BENEVA ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34293		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	INGRAHAM. LINA		3.2 NAME	LINA INGRAHAM	
STREET ADDRESS	10866 MORGAN HORSE DR. E.		3.3 STREET ADDRESS	12034 ARBOR LAKE Dr	
CITY-ST-ZIP	JACKSONVILLE FL 32257		3.4 CITY-ST-ZIP	Jacksonville FL 32225	
TITLE	T/D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ELAINE M.		4.2 NAME		
STREET ADDRESS	3514 MORNINGTIDE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561-3812		4.4 CITY-ST-ZIP		
TITLE	S/D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEEN, MARY MUNCH		5.2 NAME		
STREET ADDRESS	ROUTE 15 BOX 943		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32024		5.4 CITY-ST-ZIP		
TITLE	V/D	☒ DELETE	6.1 TITLE	V/D	☐ Change ☒ Addition
NAME	BURNS, RITA		6.2 NAME	SUSAN YASKIN	
STREET ADDRESS	750 N. OCEAN BLVD., #1001		6.3 STREET ADDRESS	7557 SW 81 Ave	
CITY-ST-ZIP	POMPANO BEACH FL 33062		6.4 CITY-ST-ZIP	Miami FL 33143	

CR2E037 (9/96)

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: Marilynn E. Miller Marilynn E. Miller 03-21-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0006983