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**Mar 25 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006700 (6)
1. Corporation Name
FOUNDATION FOR SOCIAL RESOURCES, INC.



Principal Place of Business 5200 WARNER AVE #207 HUNTINGTON BCH CA 92649	Mailing Address 5200 WARNER AVE #207 HUNTINGTON BCH CA 92649
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3. Date Incorporated or Qualified
12/20/1996

4. FEI Number 95-4202639	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 130 McCormick Ave. Suite, Apt. #, etc. 22 Suite 104 City & State 23 Costa Mesa, CA Zip 24 92626 Country 25 USA	2a. Mailing Address 26 130 McCormick Ave. Suite, Apt. #, etc. 27 Suite 104 City & State 28 Costa Mesa, CA Zip 29 92626 Country 30 USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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

TITLE	DCP <input type="checkbox"/> DELETE
NAME	HIRSCH, WILLIAM W
STREET ADDRESS	22321 WALLINGFORD LN
CITY-ST-ZIP	HUNTINGTON BCH CA 92846
TITLE	DCVS <input type="checkbox"/> DELETE
NAME	EVANS, KIRK S
STREET ADDRESS	9281 SHADWELL DR
CITY-ST-ZIP	HUNTINGTON BCH CA 92846
TITLE	DTV <input type="checkbox"/> DELETE
NAME	HUTCHINSON, CHARLES S
STREET ADDRESS	10428 RIVERWOOD WAY
CITY-ST-ZIP	RANCHO CORDOVA CA 95670
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DICKASON, RICHARD W
STREET ADDRESS	14519 183RD AVE NE
CITY-ST-ZIP	WOODENVILLE WA 98072
TITLE	D <input type="checkbox"/> DELETE
NAME	JESSIE, RON
STREET ADDRESS	202 17TH ST #B
CITY-ST-ZIP	HUNTINGTON BCH CA 92846
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Evans, Kirk S
2.3 STREET ADDRESS	9281 Shadwell Drive
2.4 CITY-ST-ZIP	Huntington Beach, CA 92646
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hutchinson, Charles S
3.3 STREET ADDRESS	10428 Riverwood Way
3.4 CITY-ST-ZIP	Rancho Cordova, CA 95670
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D/S
6.3 STREET ADDRESS	Webb, Jonathan B
6.4 CITY-ST-ZIP	896 S. Oakwood Street Orange, CA 92869

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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: *William W Hirsch* **3-16-98** **714-668-1828**

CR2E037 (10/97)