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Feb 04 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 # **F97000000475 (0)**

1. Corporation Name

NATIONAL ASSOCIATION FOR FAMILY COMMUNITY EDUCATION INC

Principal Place of Business

Mailing Address

PO BOX 835
BURLINGTON KY 41005-0835

PO BOX 835
BURLINGTON KY 41005-0835

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

52-6054323

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JASINSKI, GLORIA
14423 SASSANDRA DRIVE
ODESSA FL 33556-0288**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WINGATE, OARLENE	
STREET ADDRESS	151632 7TH STREET	
CITY-ST-ZIP	KEAAU HI	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEDERSEN, BONNIE	
STREET ADDRESS	289 CHEHALIS VALLEY DRIVE	
CITY-ST-ZIP	CHEHALIS WA	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	COX, ANDREA	
STREET ADDRESS	1390 S ROOSEVELT RD 30	
CITY-ST-ZIP	ROGERS NM	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COX, JUANITA	
STREET ADDRESS	BOX 28, PAWNEE AT ELMORE	
CITY-ST-ZIP	ROZEL KS	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JUDY DEWITZ	
1.3 STREET ADDRESS	RR 1, BOX 82	
1.4 CITY-ST-ZIP	TAPPEN ND 58487	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JUANITA GILLASPIE	
4.3 STREET ADDRESS	BOX 28, PAWNEE AT ELMORE	
4.4 CITY-ST-ZIP	ROZEL, KS 67574	

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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Juanita Gillaspie* **JUANITA GILLASPIE** **1-20-98** **527-4431**

CR2E037 (10/97)