NONPROFIT CORPORATION ANNUAL REPORT



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FLORIDA DEPARTMENT OF STATE

\Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # F9700000475

1. Corporation Name

NATIONAL ASSOCIATION FOR FAMILY COMMUNITY EDUCATION INC.

Principal Place of Business PO BOX 835 BURLINGTON KY 41005-0835 Mailing Address

PO BOX 835

BURLINGTON KY 41005-0835

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90023 032 ****61.25

					·					
Principal Place of Business Za. Mailing Address				3. Date incorporated or Qualifed						
1. 26				01/27/1997						
Suite, Apt. #, etc. Suite, Apt. #, e		Suite, Apt. #, etc.			4. FEI Number		App	lied For		
	27	27		52-6054323		Not	Applicable			
State		City & State			5 Certificate of Status Desired	•				
	28				5. Certificate of Status Desired	F	ee Req	uired		
Country		Zip		'	6. Election Campaign Financing					
[25]	29		<u> </u>		Trust Fund Contribution Added to Fees					
9. Name and Address of Curren	t Regis	tered Agent								
				Name						
Jasinski, gloria				82 Street Address (P.O. Box Number is Not Acceptable)						
14423 SASSANDRA DRIVE										
ODESSA FL 33556-0288			83	ŀ						
			84	City	EI	85	Zip Co	ode		
ant to the provinces of Sections 617 050	and 6	17 1508 Florida Statutes	the above	a-name/		f changi	na its r	egistered		
or registered agent, or both, in the State of	of Florid	la. Such change was auth	orized by	the con	poration's board of directors. I hereby accept the appo	intment	as regi	stered		
. I am familiar with, and accept the obligat	ions of,	Section 617.0503, Florida	a Statutes	.	:					
RE Signature, typed or printed name of registered agent	t and title i	f applicable. (NOTE: Re	gistered Ager	nt signature	required when reinstating) DATE					
		···	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
PD	•	☐ DELETE	1.1 TITLE			Cr	ange	Addition		
DEWITZ, JUDY			1.2 NAME					1		
RR 1 BOX 82			1.3 STREE	TADDRESS	s					
TARRPEN ND 58487			1,4 CFTY-\$	T-ZIP						
VD		DELETE	2.1 TITLE		√ P	≱X CH	ange	☐ Addition		
PEDERSEN, BONNIE		·	2.2 NAME		MARGARET MAI	•				
ESS 289 CHEHALIS VALLEY DRIVE			2.3 STREE	T ADDRESS						
CHEHALIS WA			2 A CITY-5		1 1/1444 4- 00010 2003			I		
SD			2.70	T-ZIP	YUMA AZ 85365-3023					
		☐ DELETE	3.1 TITLE	ST-ZIP	YUMA AZ 85365-30-3		ange	Addition		
COX, ANDREA		☐ DELETE		ST-ZIP	YUWA AZ 85365-3025	다	ange	Addition		
ESS 1390 S ROOSELVELT RD 30		☐ DELETE	3.1 TITLE			다	ange	Addition		
4000 C DOOCELVELT DD 00			3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S	T ADDRESS		_				
1390 S ROOSELVELT RD 30 ROGERS NM		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET	T ADDRESS	TREASURER	⊠ Ct		Addition		
1390 S ROOSELVELT RD 30 ROGERS NM T GALLASPIE, JUANITA			3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S	T ADDRESS	TREASURER	_				
1390 S ROOSELVELT RD 30 ROGERS NM T GALLASPIE, JUANITA BOX 28, PAWNEE AT ELMORE			3.1 TITLE 3.2 NAME 3.3 STREE: 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE:	T ADORESS ST-ŹIP T ADORESS	TREASURER JODY WATERMANN 1872 PLAIN AVENUE	_				
1390 S ROOSELVELT RD 30 ROGERS NM T GALLASPIE, JUANITA	<u> </u>	DOELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	T ADORESS ST-ŹIP T ADORESS	TREASURER	∭Cr	nange	Addition		
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T GALLASPIE, JUANITA BOX 28, PAWNEE AT ELMORE ROZEL KS 67574	:	DOELETE	3.1 TITLE 3.2 NAME 3.3 STREE: 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE: 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADORESS ST-ŻIP T ADORESS T-ZIP	TREASURER JODY WATERMANN 1872 PLAIN AVENUE AUROM IL 60504	∭Cr	nange	Addition		
1390 S ROOSELVELT RD 30 ROGERS NM T GALLASPIE, JUANITA BOX 28, PAWNEE AT ELMORE	:	DOELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE	T ADORESS ST-ŹIP T ADORESS T-ZIP	TREASURER JODY WATERMANN 1872 PLAIN AVENUE AUROM IL 60504	∭Cr	nange	Addition		
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	Country 25 9. Name and Address of Curren ISKI, GLORIA 3 SASSANDRA DRIVE SA FL 33556-0288 Lant to the provisions of Sections 617.0502 or registered agent, or both, in the State of the company of the	Apt. #, etc. State Country 25 9. Name and Address of Current Regis ISKI, GLORIA 3 SASSANDRA DRIVE SSA FL 33556-0288 Lant to the provisions of Sections 617.0502 and 6 or registered agent, or both, in the State of Floric L am familiar with, and accept the obligations of IRE Signeture, typed or printed name of registered agent and title OFFICERS AND DIRE PD DEWITZ, JUDY RESS RR 1 BOX 82 TARRPEN ND 58487 VD PEDERSEN, BONNIE 289 CHEHALIS VALLEY DRIVE	Apt. #, etc. State Country Zip Zip 25 9. Name and Address of Current Registered Agent SKI, GLORIA SASSANDRA DRIVE SA FL 33556-0288 Lant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, or registered agent, or both, in the State of Florida. Such change was auth. I am familiar with, and accept the obligations of, Section 617.0503, Florida RE Signeture, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PD DEWITZ, JUDY RESS RR 1 BOX 82 TARRPEN ND 58487 VD PEDERSEN, BONNIE 289 CHEHALIS VALLEY DRIVE	Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country 25 29 30 9. Name and Address of Current Registered Agent SKI, GLORIA SASSANDRA DRIVE SA FL 33556-0288 Basicant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above or registered agent, or both, in the State of Florida. Such change was authorized by the I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes RE Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Country (NOTE: Registered	Apt. #, etc. State City & State Country Zip Country Zip State Country Zip State Country Zip State Country Zip Streed Streed Streed Streed SSA FL 33556-0288 SASSANDRA DRIVE STREET SIgneture, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS TARPEN ND 58487 VD PEDERSEN, BONNIE 289 CHEHALIS VALLEY DRIVE CITY STREET ADDRESS COUNTRY Street COUNTRY STREET ADDRESS COUNTRY COUNTRY STREET ADDRESS COUNTRY COUNTRY STREET ADDRESS COUNTRY COUNTRY	Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. State State Status Desired	Apt. #, etc. Suite, Apt. #, etc. Suite,	Apt. #, etc. Suite, Apt. #, etc. Suite,		

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, with all other like empowered.

SIGNATURE:

AND THE AND THE OF SIGNING OFFICER OF DIRECTOR

9-9-9

630-898-2957

CR2E037 (5/