## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90026 010 \*\*\*\*61.25

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N07328**

- Corporation Name

THE FAMILY PLACE, INC.

				r		
Principal Place of Business 817 S. UNIVERSITY DRIVE 121 PLANTATION FL 33324 US		Mailing Address C/O G. DEWAYNE BONTRAGER 640 NW 74TH TERRACE PLANTATION FL 33317-1037				
	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 01/28/1985		
Suite, Apt.	# etc	Suite, Apt. #, etc.		4. FEI Number	App	lied For
22		27		59-2509349	Not	Applicable
City & Stat	te	City & State		5. Certifcate of Status Desired	\$8.75 A	
23		28		o. Cermicate of Status Desired	Fee Rec	<del>·                                     </del>
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00	•
24	25	29 30	<u> </u>	Trust Fund Contribution  10. Name and Address of New Register	Added to	rees
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register	eu Agent	
	ER, G. DEWAYNE			ress (P.O. Box Number is Not Acceptable)		
PLANTATI			83	par .		
IUNIIIAII	ONTE		84 City		85 Zip C	ode
				20 20 20 20 20 20 20 20 20 20 20 20 20 2	FL.   11	
11 Dumunt	to the provisions of Sections 617.050	2 and 617,1508, Florida Statutes,	the Above-named core	of a fair submits this statement for the purpose	e of changing its i	registered
office or ragent. I a			KKK	of the purposition of the purposition of the purposition of directors. I hereby accept the appropriate of the purposition of th	<u>- 13 - 9</u>	Stered 9
	Signature, typed or printed name of positioned agen	nt and title if applicable. (NOTE: Re	orized by the corporation statutes.		- 13 - 9	7
SIGNATURE	Signature, typed or printed name of pigistered ager OFFICERS AN		gistered agept signature source	When reinstating) DATE	- 13 - 9	7
SIGNATURE	Signature, typed or printed name of positioned agent OFFICERS AN	nt and title if applicable. (NOTE: Re	gistered agent signature south	Admin refristing)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name objectived ager OFFICERS AN PD BONTRAGER, G. DEWAYNE	nt and title if applicable. (NOTE: Re	gistered agent sightly works 13.	Additions/CHANGES TOOFFICERS	AND DIRECTOR	RS IN 12
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12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of positioned signature.  OFFICERS AN  PD  BONTRAGER, G. DEWAYNE  640 NW 74TH TERRACE	nt and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	Admin refristing)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(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 stated 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 63. 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

G. DECUM MUSTON ELD WITTON
IGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

☐ DELETE

1-13-99 370-7028

☐ Change

☐ Addition