


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N11025 (6)</b>		
1. Corporation Name <b>FRIENDS OF CHILDREN AND FAMILIES, INC.</b>		

Principal Place of Business <b>500 WINDERLEY PLACE, STE 110 MAITLAND FL 32751 US</b>	Mailing Address <b>500 WINDERLEY PLACE, STE 110 MAITLAND FL 32751 US</b>
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2. Principal Place of Business <b>21 11875 High Tech Ave</b>		2a. Mailing Address <b>26 11875 High Tech Ave</b>		3. Date Incorporated or Qualified <b>09/10/1985</b>		3a. Date of Last Report <b>05/01/1996</b>	
Suite, Apt. #, etc. <b>22 200</b>		Suite, Apt. #, etc. <b>27 200</b>		4. FEI Number <b>59-2735429</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>23 Orlando FL</b>		City & State <b>28 Orlando FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24 32817</b>		Country <b>25 Orange</b>		Zip <b>29 32817</b>		Country <b>30 Orange</b>	
9. Name and Address of Current Registered Agent <b>MURRAY, GLORIA 2887 HARBOUR GRACE COURT APOPKA FL 32701</b>				10. Name and Address of New Registered Agent			

81 Name <b>Luis R. MARTIR JR</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>4957 COURTLAND LOOP</b>	
83 <b>Winter Springs</b>	
84 City <b>Winter Springs</b>	85 Zip Code <b>FL 32705</b>

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 **Luis R. Martir Jr S/T Luis R. Martir Jr** **Aug 1, 1997**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D/S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARTIR, LUIS R JR.</b>		1.2 NAME	
STREET ADDRESS <b>4957 COURTLAND LOOP</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTER SPRINGS FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MURRAY, GLORIA</b>		2.2 NAME <b>D</b>	
STREET ADDRESS <b>2887 HARBOUR GRACE COURT</b>		2.3 STREET ADDRESS <b>5664 Breckinridge circle</b>	
CITY-ST-ZIP <b>APOPKA FL 32701</b>		2.4 CITY-ST-ZIP <b>Orlando FL 32818</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MOORE, DEBRA</b>		3.2 NAME <b>HIMES MEL</b>	
STREET ADDRESS <b>606C PARK CIRCLE</b>		3.3 STREET ADDRESS <b>1290 E. NORHANDY Blvd.</b>	
CITY-ST-ZIP <b>WINTER SPRINGS FL</b>		3.4 CITY-ST-ZIP <b>DELTONA, FL 32725</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HERNANDEZ, FELIX</b>		4.2 NAME	
STREET ADDRESS <b>610 COSA PARK CTO</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTER SPRINGS FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 **Luis R. Martir Jr** **8/1/97** **407 256-2900**

CR2E037 (4/97)