FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(6)

FRIENDS OF CHILDREN AND FAMILIES, INC.

FILED
Mar 25 1998 8:00am
Secretary of State
MARIE PROCESSION OF THE PROPERTY OF THE PROPER

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SUITE 200 SUITE 200				her mark landski like in kild is litte in its it as it		
			SUITE 200		3. Date Incorporated or Qualified 09/10/1985	
ORLANDO FL 32817 ORLANDO FL 32817 US				4. FEI Number	Applied For	
					59-2735429	Not Applicable
21 26		2a. Mailing Address 26			5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	Suite, Apt. #, etc.			55.00 May Be
22 City & Chat		27			Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association? Yes No	
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the current year Intangible	
		29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registered Agent		<u>al</u>	10. Name and Address of New Registered Age	nt
			8	1 Name		
MARTIR, LUIS R JR.			82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
	OURTLAND LOOP		a	2		
WINTER	SPRINGS FL 32705		l°	3		
			8	4 City	FL ⁶	5 Zip Code
	047.056	00 4 047 4000 Florida Otab	4bb-		FL	naina ita sagistasad
11. Pursuant i	to the provisions of Sections 617.050 egistered agent, or both, in the State	of Florida. Such change was	tes, the abo authorized	by the corpo	orporation submits this statement for the purpose of choration's board of directors. I hereby accept the appoint	ment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, Fi	orida Statut	es.		
SIGNATURE .	Signature, typed or printed name of registered ag-		E. Begintered A	oom sinnet un s	DATE DATE	<u> </u>
12.		ID DIRECTORS	13.	gott eignature i	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	DST	DELETE	1.1 TITLE	: 1		Change
NAME	MARTIR, LUIS R JR.		1.2 NAM	1		
STREET ADDRESS	4957 COURTLAND LOOP		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		1,4 CITY			
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME	SIMS, CHRISTOPHER		2.2 NAM	E I		
STREET ADDRESS	5664 BRECKINRIDGE CIR		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 C(T)	-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE			Change Addition
NAME	HIMES, MEL		3.2 NAM	E		
	1290 E NORMANDY BLVD					
STREET ADDRESS			3.3 STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	DELTONA FL			ET ADDRESS '-ST-ZIP		
•		☐ DELETE		-ST-ZIP		Change Addition
CITY-ST-ZIP		☐ DELETE	3.4, CITY	-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE		□ DELETE	3.4. C/TY 4.1 TITLE 4. 2 NAM	-ST-ZIP		Change Addition
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r neigony certify that the information supplied with this filling 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 this 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.