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Feb 23, 1999 8:00 am  
Secretary of State

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11025**

1. Corporation Name

**FRIENDS OF CHILDREN AND FAMILIES, INC.**

Principal Place of Business

11875 HIGH TECH AVE  
SUITE 200  
ORLANDO FL 32817  
US

Mailing Address

11875 HIGH TECH AVE  
SUITE 200  
ORLANDO FL 32817  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/10/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2735429</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

**MARTIR, LUIS R JR.**  
**4957 COURTLAND LOOP**  
**WINTER SPRINGS FL 32705**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DST</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMS, CHRISTOPHER</b>	2.2 NAME	
STREET ADDRESS	<b>5664 BRECKINRIDGE CIR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIMES, MEL</b>	3.2 NAME	
STREET ADDRESS	<b>1290 E NORMANDY BLVD</b>	3.3 STREET ADDRESS	<b>1290 E. NORMANDY BLVD.</b>
CITY-ST-ZIP	<b>DELTONA FL</b>	3.4 CITY-ST-ZIP	<b>DELTONA, FLORIDA</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>MARGARET GENTILE</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>445 W. AMELIA STREET</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>ORLANDO, FLORIDA 32802</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>MARTHA BARNHILL</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>11875 HIGH TECH AVE. STE. 200</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>ORLANDO, FLORIDA 32817</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>CYRIL SHEPPARD</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>11875 HIGH TECH AVE. STE. 200</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>ORLANDO, FLORIDA 32817</b>

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:**  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/99** **(407) 273-8444**  
Date Daytime Phone #

CR2E037 (1/98)