

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

0027259

**DOCUMENT # N11025**

1. Entity Name

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

04-26-2001 90315 016 \*\*\*\*70.00

Principal Place of Business

Mailing Address

11875 HIGH TECH AVE  
 SUITE 200  
 ORLANDO FL 32817  
 US

11875 HIGH TECH AVE  
 SUITE 200  
 ORLANDO FL 32817  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2735429**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNHILL, MARTHA**  
 11875 HIGH TECH AVE  
 STE 2-0  
 ORLANDO FL 32817

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Same as above*

*4/16/01*

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DC	HIMES, MEL	1290 E. NORMANDY BLVD.	DELTONA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GENTILE, MARGARET	445 W. AMELIA ST.	ORLANDO FL 32802	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DSX	BARNHILL, MARTHA	11875 HIGH TECH AVE. STE. 200	ORLANDO FL 32817	<input type="checkbox"/>	DS	BARNHILL, MARTHA	11875 HIGH TECH AVE. STE. 200	ORLANDO FL 32817	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ROBERTS, BREHAN E CPA	333 N. FERNCREEK AVE	ORLANDO FL 32803-5499	<input type="checkbox"/>	DT	ROBERTS, BREHAN E CPA	333 N. FERNCREEK AVE	ORLANDO FL 32803-5499	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Seals, Ron	1026 Whispering Cypress Lane	Del. FL 32824	<input type="checkbox"/>	D	Seals, Ron	1026 Whispering Cypress Lane	Del. FL 32824	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Martha Barnhill*

*Martha Barnhill 4/16/01*

*407-273-8444 X-2091*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)