

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90035 036 ****70.00

DOCUMENT # N11025

1. Entity Name

FRIENDS OF CHILDREN AND FAMILIES, INC.

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

Zip

Country

Zip

Country

4. FEI Number

59-2735429

Applied For

Not Applicable

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

Garcia
~~BARNHILL, MARTHA~~
 11875 HIGH TECH AVE
 STE 200
 ORLANDO FL 32817

Name

See correction

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

See correction

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

Marta Garcia - Change only

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

(Not a Registered Agent signature required when reinstating)

DATE

4-17-02

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
DC
HIMES, MEL
1290 E. NORMANDY BLVD.
DELTONA FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DS
Garcia
BARNHILL, MARTHA
11875 HIGH TECH AVE. STE. 200
ORLANDO FL 32817

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DT
ROBERTS, BREHAN E CPA
333 N. FERNCREEK AVE
ORLANDO FL 32803-5499

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
SEALS, RON
1026 WHISPERING CYPRESS LANE
ORLANDO FL 32824

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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:

SIGNATURES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

Daytime Phone #

CR2E037 (9/01)