


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N11025 1. Entity Name FRIENDS OF CHILDREN AND FAMILIES, INC.	
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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
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01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2735429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GARCIA, MARTHA 11875 HIGH TECH AVE STE 200 ORLANDO, FL 32817
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC HIMES, MEL 321 STRATFORD COMMONS CT DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GARCIA, MARTHA 11875 HIGH TECH AVE, STE. 200 ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ROBERTS, BREHAN E CPA 1201 S ORLANDO AVE STE 400 WINTER PARK, FL 32799
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEALS, RON 1026 WHISPERING CYPRESS LANE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000020580  
01/29/04-80072-013 70.00

**DO NOT WRITE  
IN THIS SPACE**

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: MT C. S. 1/6/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR