FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 16 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13637 (6)

1. Corporation Name

ALL ABOUT FAMILIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1203 P. O. BOX 1203 JENSEN BEACH FL 34951	P.O. BOX 1203 P. O. BOX 1203 JENSEN BEACH FL 34951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2649637 ☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DIEMICKE, ELEANOR
1181 SW SUNDEW CT.
PALM CITY FL 34990

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Eleanor A Diemicke 3-5-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BRINK, TAMMY
STREET ADDRESS	776 WOODCREEK DR.
CITY-ST-ZIP	PALM CITY FL
TITLE	D
NAME	GIASULLO, DONNA
STREET ADDRESS	6546 SE WINDSONG LN.
CITY-ST-ZIP	STUART FL
TITLE	S
NAME	WALKER, MARLA
STREET ADDRESS	1821 NW SAN SOURI ST.
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	DIEMICKE, ELEANOR
STREET ADDRESS	1181 SW SUNDEW CT.
CITY-ST-ZIP	PALM CITY FL
TITLE	D
NAME	ANDERSON, DEBORAH
STREET ADDRESS	10200 S. OCEAN, #206
CITY-ST-ZIP	JENSEN BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	☑ Change ☐ Addition
1.2 NAME	Klager, Michele	
1.3 STREET ADDRESS	641 SE Southwood Trl.	
1.4 CITY-ST-ZIP	Stuart FL 34997	
2.1 TITLE	D	☑ Change ☐ Addition
2.2 NAME	Smith, Lynne	
2.3 STREET ADDRESS	3058 Orchid Street	
2.4 CITY-ST-ZIP	Stuart FL 34997	
3.1 TITLE	S	☑ Change ☐ Addition
3.2 NAME	Taylor, Marie	
3.3 STREET ADDRESS	4370 SE Bayleaf Place	
3.4 CITY-ST-ZIP	Stuart FL 34997	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Diemicke, Eleanor	
4.3 STREET ADDRESS	1181 SW Sundew Ct.	
4.4 CITY-ST-ZIP	Palm City FL 34990	
5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME	Giasullo, Donna	
5.3 STREET ADDRESS	688 Hidden River Road	
5.4 CITY-ST-ZIP	Palm City FL 34990	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Eleanor A Diemicke - Eleanor A. Diemicke 3-5-95 (401) 220-2399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070081