FILE NOW: FILING FEE IS $61.25

FILED
Aug 26 1997 8:00am
Secretary of State

6

***61.25

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mo[illegible]
Secretary of S[illegible]
DIVISION OF CORPO[illegible]TIONS

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 34958-1203

3. Date Incorporated or Qualified: 03/03/1986
3a. Date of Last Report: 07/05/1996

2. Principal Place of Business
21: 2701 SE Cornell Ave.
22 Suite, Apt. #, etc.: Palm City Recreation Center
23 City & State: Palm City, Florida
24 Zip:
25 Country: USA

2a. Mailing Address
26: P.O. Box 1203
27 Suite, Apt. #, etc.:
28 City & State: Jensen Beach, FL
29 Zip: 34958-1203
30 Country: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HALLERAN
1625 SW WATERFALL BLVD
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: KLAGER, MICHELE
82 Street Address (P.O. Box Number is Not Acceptable): 641 SE SOUTHWOOD TRAIL
83:
84 City: STUART FL 85 Zip Code: 34997

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: Michele Klager MICHELE KLAGER
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VOCELKA, SOPHIA 1350 NW LAKESIDE TRAIL STUART FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	B PRES MICHELE KLAGER 641 SE SOUTHWOOD TRAL STUART, FLA 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HALLERAN, GINA 1625 SW WATERFALL BLVD PALM CITY FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	B CO-PRES Donna GIASULLO 688 HIDDEN RIVER ROAD PALM CITY, FLA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLATT, LISA GOLD 4336 SW OAKHAVEN LANE PALM CITY FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D VICE PRES LORI POCILUYKO 7769 Bay Cedar Circle Hobe Sound FL 33455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PAGE, MARIE 5879 MITZI LANE STUART FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VICE PRES GWEN MIRMAN, 469 NE Lima Vpas Jensen Beach FL 34957	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIASULLO, DONNA 688 HIDDEN RIVER ROAD PALM CITY FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SECRETARY LORI NALVEN 8621 SW CISTELLA TER PALM CITY FLA 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	TRESURER POLLY LINK. 419 SW Geneva Dr. Stuart FL 34997	☒ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

[illegible] MICHELE KLAGER 561-