FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Aug 26 1997 8:00am
Secretary of State

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DOCUMENT # N13637 (6)

1. Corporation Name
ALL ABOUT FAMILIES, INC.

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

Mailing Address
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.
Suite, Apt. #, etc.
22 Palm City Recreation Center
City & State
23 Palm City, Florida
Zip 24
Country 25 USA

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

TITLE	PD	☒ DELETE
NAME	VOCELKA, SOPHIA	
STREET ADDRESS	1350 NW LAKESIDE TRAIL	
CITY-ST-ZIP	STUART FL	
TITLE	TD	☒ DELETE
NAME	HALLERAN, GINA	
STREET ADDRESS	1625 SW WATERFALL BLVD	
CITY-ST-ZIP	PALM CITY FL	
TITLE	SD	☒ DELETE
NAME	BLATT, LISA GOLD	
STREET ADDRESS	4336 SW OAKHAVEN LANE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VD	☒ DELETE
NAME	PAGE, MARIE	
STREET ADDRESS	5879 MITZI LANE	
CITY-ST-ZIP	STUART FL	
TITLE	D	☒ DELETE
NAME	GIASULLO, DONNA	
STREET ADDRESS	688 HIDDEN RIVER ROAD	
CITY-ST-ZIP	PALM CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	☒ Change ☐ Addition
1.2 NAME	MICHELE KLAGER	
1.3 STREET ADDRESS	641 SE SOUTHWOOD TRAL	
1.4 CITY-ST-ZIP	STUART, FLA 34997	
2.1 TITLE	CO-PRES	☒ Change ☐ Addition
2.2 NAME	Donna GIASULLO	
2.3 STREET ADDRESS	688 HIDDEN RIVER ROAD	
2.4 CITY-ST-ZIP	PALM CITY, FLA	
3.1 TITLE	VICE PRES	☒ Change ☐ Addition
3.2 NAME	LORI POCILUYKO	
3.3 STREET ADDRESS	7769 Bay Cedar Circle	
3.4 CITY-ST-ZIP	Hobe Sound FL 33455	
4.1 TITLE	VICE PRES	☒ Change ☐ Addition
4.2 NAME	GWEN MIRMAN,	
4.3 STREET ADDRESS	469 NE Lima Vpas	
4.4 CITY-ST-ZIP	Jensen Beach FL 34957	
5.1 TITLE	SECRETARY	☒ Change ☐ Addition
5.2 NAME	LORI NALVEN	
5.3 STREET ADDRESS	8621 SW CSTELLA TCR	
5.4 CITY-ST-ZIP	PALM CITY FLA 34990	
6.1 TITLE	TRESURER	☒ Change ☐ Addition
6.2 NAME	POLLY LINK.	
6.3 STREET ADDRESS	419 SW Geneva Dr.	
6.4 CITY-ST-ZIP	Stuart FL 34997	

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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.

SIGNATURE(S) OF MICHELE KLAGER 561-

CR2E037 (9/96)