

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26148 (9)
 1. Corporation Name
FAMILY RESOURCE PROGRAM OF NORTH OKALOOSA COUNTY, INC.



Principal Place of Business 200 S. MAIN STREET CRESTVIEW FL 32536	Mailing Address 200 S. MAIN STREET CRESTVIEW FL 32536
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3. Date Incorporated or Qualified 04/28/1988	
4. FEI Number 59-2942934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

ROBBINS, DENISE
200 S. MAIN ST
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

61. Name	
62. Street Address (P.O. Box Number is Not Acceptable)	
63.	
64. City	65. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBBINS, DENISE	
STREET ADDRESS	7955 OLD EBENEZER RD.	
CITY-ST-ZIP	LAUREL HILL FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ROBIN	
STREET ADDRESS	137 BEACON BEND RD.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HERRERA, CYNTHIA	
STREET ADDRESS	326 SKYLINE DR.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRAHE, DETHRA	
STREET ADDRESS	6006 LAKE LANE	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	Brenda Drewery
2.4 CITY-ST-ZIP	119 Twin Oak Dr. Crestview, FL 32536
3.1 TITLE	Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	Elouise Corbin
3.4 CITY-ST-ZIP	4565 Log Lake Rd Holt, FL 32564
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: Denise Robbins Denise Robbins 3-24-98 (850)689-7766

CR2E037 (10/97)