

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 08 1997 8:00am  
Secretary of State

DOCUMENT # N30280 (4)

1. Corporation Name

FAMILY CRISIS HELP CENTER INC.

Principal Place of Business

2102 S. RIDGEWOOD AVE.  
UNIT 25  
EDGEWATER FL 32141  
US

Mailing Address

2102 S. RIDGEWOOD AVE.  
UNIT 25  
EDGEWATER FL 32141  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/20/1989

3a. Date of Last Report  
08/13/1996

4. FEI Number  
59-2927652

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3040 Lukas Lane

Suite, Apt. #, etc.

22 City & State  
23 Edgewater, Florida

24 Zip Country  
24 32132 U.S.A.

2a. Mailing Address

26 P.O.Box 218

Suite, Apt. #, etc.

27 City & State  
28 Edgewater, Florida

29 Zip Country  
29 32132 U.S.A.

9. Name and Address of Current Registered Agent

PLUMMER, RUTH A  
232 N. PERSIMMON DR.  
APT 1  
EDGEWATER FL 32141

10. Name and Address of New Registered Agent

81 Name  
Ruth A. Plummer-Butler

82 Street Address (P.O. Box Number is Not Acceptable)  
3040 Lukas Lane

83

84 City Edgewater FL 85 Zip Code 32132

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

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  
NAME PLUMMER, RUTH A  
STREET ADDRESS 232 N. PERSIMMON DR., APT 1  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE VD  
NAME WARBOYS, VICKI  
STREET ADDRESS 1811 SABLE PALM DRIVE  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE SD  
NAME BARETTA, LINDA  
STREET ADDRESS 1819 JUNIPER DRIVE  
CITY-ST-ZIP EDGEWATER FL 32141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Ruth A. Plummer-Butler  
1.3 STREET ADDRESS 3040 Lukas lane  
1.4 CITY-ST-ZIP Edgewater, FL 32132

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

CR2E037 (4/97)

200002266292  
-08/13/97--01098--025  
\*\*\*61.25