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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCLIMENT #

111

THE F	AMILY OF FRIENDS, INC.	o (4)								
Principal Place	of Business	Mailing Address							1841 BIBI) BIB	<b>                                    </b>
2340 CELERY AVE SANFORD FL 32771  2340 CELERY AVE SANFORD FL 32771										
						3. Date Incorporated or 04/03/1989	Qualified	3a. D	05/01/	1995
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2946581				Applied For Not Applicable
Suite, Apt. +	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status D	esired			5 Additional Required
City & State	9	City & State				Election Campaign Fir Trust Fund Contribution			•	00 May Be ed to Fees
Zip	Country 25	Zip <b>29</b>	Cou 30	ntry		This corporation has li Florida Statutes		ntangible f		. 199.032,
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address	of New Re	egistered	Agent	
				81 N	Name					
	na, hugh Inderlakes dr			82 5	Street Address (P.O. Box Number is Not Acceptable)					
	00 FL 32835			83						
				B4 C	Dity			FL	<b>8</b> 5 Z	ip Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Stat	utes, the abo	VO DOD	ned cornor	ation submits this statement	for the purp	pose of ch	nanging its	registered office d agent. I am
or register familiar wi	th, and accept the obligations of, Sect	da. Such change was autho	rized by the c	corpora	ation's boar	rd of directors. I hereby accep	of the appo	янинен а	a registere	J
familiar wi	th, and accept the obligations of, Sect	da. Such change was autho lion 617.0503, Florida Statut	rized by the c es.	corpora	ation's boar	rd of directors. I hereby accep	of the appo			
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certify that the information indicated on this arrive report or supplier neutral arrive true and according that thy signature shall have the same regardled as if made the cather 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: Thomas P. HERON THOMAS P. HERON