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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31468** (4)

1. Corporation Name

THE FAMILY OF FRIENDS, INC.

Principal Place of Business

**2340 CELERY AVE
SANFORD FL 32771**

Mailing Address

**2340 CELERY AVE
SANFORD FL 32771-3962**

3. Date Incorporated or Qualified
04/03/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number
59-2946581

Applied For
☐ Not Applicable

22
City & State

27
City & State

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23
Zip Country

28
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24
Country

29
Country

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

9. Name and Address of Current Registered Agent

**LAUGHNA, HUGH
4421 WINDERLAKES DR
ORLANDO FL 32835**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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 ☐ DELETE
NAME **PD LAUGHNA, HUGH**
STREET ADDRESS **4421 WINDERLAKES DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **VD KEENAN, APRYL**
STREET ADDRESS **489 PICKFORD PT**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE
NAME **TD SPENCER, GEORGE**
STREET ADDRESS **312 SWEETWATER BLVD**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE
NAME **SD GUERIN, NANCY**
STREET ADDRESS **2030 PENNCREST**
CITY-ST-ZIP **DELAND FL**

TITLE ☒ DELETE
NAME **A HERON, THOMAS P.**
STREET ADDRESS **1731 STAFFORD SPRINGS BLVD**
CITY-ST-ZIP **MT DORA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **A LUX, BRAD**
5.3 STREET ADDRESS **501 Oakwood Avenue**
5.4 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

HUGH A. LAUGHNA REQUIRED MAY 01, 1997

(407) 299-2978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014615

CR2E037 (9/96)