

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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 <b>2340 CELERY AVE SANFORD FL 32771</b>	Mailing Address <b>2340 CELERY AVE SANFORD FL 32771</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/03/1989</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-2946581</b>		

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>

7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name <b>BRAD LUX</b>	
82 Street Address (P.O. Box Number Is Not Acceptable) <b>821 17th Avenue</b>	
83	
84 City <b>New Smyrna Beach, FL</b>	85 Zip Code <b>32169</b>

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  ADMINISTRATOR April 24, 1998  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD LAUGHNA, HUGH</b>
STREET ADDRESS	<b>4421 WINDERLAKES DR</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD KEENAN, APRYL</b>
STREET ADDRESS	<b>489 PICKFORD PT</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD SPENCER, GEORGE</b>
STREET ADDRESS	<b>312 SWEETWATER BLVD</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD QUERIN, NANCY</b>
STREET ADDRESS	<b>2030 PENNCREST</b>
CITY-ST-ZIP	<b>DELAND FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>A LUX, BRAD</b>
STREET ADDRESS	<b>501 OAKWOOD AVE</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>
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 checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>Orlando, FL 32835</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>168 Promenade Circle</b>
2.4 CITY-ST-ZIP	<b>Heathrow, FL 32746</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>Longwood, FL 32779</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>1239 Ocean Shore Dr.</b>
4.4 CITY-ST-ZIP	<b>Ormond Beach, FL 32176</b>
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:  April 24, 1998 (407) 330-9318

CR2E037 (10/97)