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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:09

DOCUMENT # N33699 (2)

1. Corporation Name
FAMILY RIGHTS COMMITTEE, INC.

Principal Place of Business	Mailing Address
4300 VINELAND ROAD STE F-16 ORLANDO FL 32811-7363 US	4300 VINELAND ROAD STE F-16 ORLANDO FL 32811-7363 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2995226 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 4407 Vineland RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 D-15
City & State 23	City & State 28 Orlando FL
Zip 24 / Country 25	Zip 29 32811 / Country 30 USA

9. Name and Address of Current Registered Agent

OSTALKIEWICZ, JOHN
4407 VINELAND RD
SUITE D-15
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name: Janet Cambra
82 Street Address (P.O. Box Number is Not Acceptable): 4407 Vineland RD
83: Suite D-15
84 City: Orlando FL 85 Zip Code: 32811

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Janet Cambra
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 2/11/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	OSTALKIEWICZ, JOHN
STREET ADDRESS	4407 VINELAND RD, #D-15
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	OSTALKIEWICZ, CYNTHIA
STREET ADDRESS	10530 DOWN LAKE VIEW CIR
CITY-ST-ZIP	WINDERMERE FL
TITLE	D
NAME	CAMBRA, JANET
STREET ADDRESS	4834 PALM TREE COURT
CITY-ST-ZIP	WINDERMERE FL
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	T, D	☒ Change ☐ Addition
1.2 NAME	Ostalkiewicz, Clarence	
1.3 STREET ADDRESS	4741 Emerald Forest Way Apt. 1703	
1.4 CITY-ST-ZIP	Orlando 32811	
2.1 TITLE	S, D	☒ Change ☐ Addition
2.2 NAME	Ostalkiewicz, Grayce	
2.3 STREET ADDRESS	4741 Emerald Forest Way Apt 1703	
2.4 CITY-ST-ZIP	Orlando	
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 is voluntarily furnished and 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: Janet Cambra
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
1-30-95
Date
407-422-3545
Daytime Phone #