

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N42651 (2)
1. Corporation Name

ADVOCATES FOR CHILDREN AND FAMILIES, INC.



Principal Place of Business: 16831 NE 6TH AVE, N MIAMI BCH FL 33162, US
Mailing Address: 16831 NE 6TH AVE, N MIAMI BCH FL 33162, US

3. Date Incorporated or Qualified: **03/21/1991**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **65-0254656**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No **Exempt**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **SLAVIN, LAURIE, 20341 NE 30 AVE #109, MIAMI FL 33169**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, 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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: SLAVIN, LAURIE	1.1 TITLE: P/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 900 NW 153RD STREET	STREET ADDRESS: 20341 NE 30 Ave	1.2 NAME: Slavin, Laurie	
CITY-ST-ZIP: MIAMI FL 33180	CITY-ST-ZIP: MIAMI FL 33180	1.3 STREET ADDRESS: 20341 NE 30 Ave. #109	
TITLE: D	NAME: ALLEN, GINGER	2.1 TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 2270 POINSETTA CT.	STREET ADDRESS: PEMBROKE PINES FL	2.2 NAME: Murna Fusback	
CITY-ST-ZIP: PEMBROKE PINES FL	CITY-ST-ZIP: MIAMI FL	2.3 STREET ADDRESS: 538 Alexander Palm Rd.	
TITLE: D	NAME: LEDERMAN, JOANN	2.4 CITY-ST-ZIP: Boca Raton, FL 33432	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 5960 SW 117 STREET	STREET ADDRESS: MIAMI FL	3.1 TITLE:	
CITY-ST-ZIP: MIAMI FL	CITY-ST-ZIP: MIAMI FL	3.2 NAME:	
TITLE: D	NAME: MASTOS, SALLY	3.3 STREET ADDRESS:	
STREET ADDRESS: 6601 S.W. 124 ST.	STREET ADDRESS: MIAMI FL	3.4 CITY-ST-ZIP:	
CITY-ST-ZIP: MIAMI FL	CITY-ST-ZIP: MIAMI FL	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: D	NAME: WILLIAMS, DEBORAH	4.2 NAME:	
STREET ADDRESS: 7255 LAGO DRIVE WEST	STREET ADDRESS: CORAL GABLES FL	4.3 STREET ADDRESS:	
CITY-ST-ZIP: CORAL GABLES FL	CITY-ST-ZIP: CORAL GABLES FL	4.4 CITY-ST-ZIP:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: D	NAME: MERCER, SUSAN SCHWARTZ	5.1 TITLE: Williams, Deborah	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 711 THORN RIDGE AVENUE	STREET ADDRESS: DAVIE FL	5.2 NAME:	
CITY-ST-ZIP: DAVIE FL	CITY-ST-ZIP: DAVIE FL	5.3 STREET ADDRESS: 140 Leccadendra Dr.	
		5.4 CITY-ST-ZIP: Miami, FL 33136	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Laurie Slavin* Date: *1/31/96* (305) 653-3474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)