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FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 03/21/1991

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SLAVIN, LAURIE
20341 NE 30 AVE #109
MIAMI FL 33189

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	MYRNA ROSBACK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLAVIN, LAURIE	1.2 NAME	528 Alexander Palm Rd
STREET ADDRESS	20341 NE 30 AVE 109	1.3 STREET ADDRESS	Boca Raton 33432
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	DIRECTOR
TITLE	D SECRETARY TREASURER <input type="checkbox"/> DELETE	2.1 TITLE	IRV LAMEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN GINGER	2.2 NAME	12175 SW 71st Court
STREET ADDRESS	2270 POINSETTA CTM RD	2.3 STREET ADDRESS	MIAMI FL 33156
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	DIRECTOR
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Harry Henshaw <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDERMAN, JOANN	3.2 NAME	831 NE 182 St
STREET ADDRESS	5890 SW 117 STREET	3.3 STREET ADDRESS	N MIAMI Beach FL 33162
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	DIRECTOR
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	CYNTHIA GATLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASTOS, SALLY	4.2 NAME	9837 NW 26 Place
STREET ADDRESS	8801 S.W. 124 ST.	4.3 STREET ADDRESS	SUNRISE FL 33377
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	DIRECTOR
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	RICHARD HARRIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, DEBORAH	5.2 NAME	4901 NW 17 way #406
STREET ADDRESS	7255 LAGO DRIVE WEST	5.3 STREET ADDRESS	Ft Lauderdale, FL 33309
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	DIRECTOR
TITLE	D VICE PRESIDENT <input type="checkbox"/> DELETE	6.1 TITLE	Yvette Edwards <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERCER, SUSAN SCHWARTZ	6.2 NAME	20030 NW Third Court
STREET ADDRESS	711 THORNIDGE AVENUE	6.3 STREET ADDRESS	MIAMI FL 33169
CITY-ST-ZIP	DAVE FL	6.4 CITY-ST-ZIP	DIRECTOR

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: Laurie Slavin 1/15/98 305 653 2474

CR2E037 (10/97)