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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90197 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N42651

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 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

03/21/1991

4. FEI Number

65-0254656

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

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 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 PD DELETE

NAME SLAVIN, LAURIE
 STREET ADDRESS 20341 NE 30 AVE 109
 CITY-ST-ZIP MIAMI FL

TITLE DST DELETE

NAME ALLEN GINGER
 STREET ADDRESS 2270 POINSETTA CTM RD
 CITY-ST-ZIP PEMBROKE PINES FL

TITLE D DELETE

NAME LEDERMAN, JOANN
 STREET ADDRESS 5860 SW 117 STREET
 CITY-ST-ZIP MIAMI FL

TITLE D DELETE

NAME FOSBACK, MYRNA
 STREET ADDRESS 528 ALEXANDER PALM RD
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE D DELETE

NAME LAMEL, IRV
 STREET ADDRESS 12175 SW 71ST COURT
 CITY-ST-ZIP MIAMI FL 33156

TITLE DVP DELETE

NAME MERCER, SUSAN SCHWARTZ
 STREET ADDRESS 711 THORNBRIDGE AVENUE
 CITY-ST-ZIP DAVIE FL

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
 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 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, with all other like empowered.

SIGNATURE:

[Signature] **REQUIRED**

5/1/99

305-63-2474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)