FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

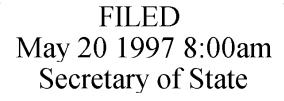
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N43748

(5)

NORTHEAST FLORIDA FAMILY IMPACT CENTRE, INC.

Principal Place of Business	Mailing Address
8001 ARGYLE FOREST BOULEVARD SUITE 105	8001 ARGYLE-FOREST BOULEVARD SUITE-105
JACKSONVILLE FL 32244	JACKSONVILLE FL-32244-5705





Principal Place	of Business	Mailing Address		r atte. det atana tette tadet atbut tate didit atdit debet deggt midit deft [ant.			
8001 ARGYLE FOREST BOULEVARD SUITE 105 JACKSONVILLE FL 32244		8001-ARGYLE-FOREST-BOULEVARD SUITE-106 JACKBONVILLE-FL-32241-5705 337/					
				3. Date Incorporated or Qualified 06/04/1991	3a. Date of Last Report 04/10/1996		
2. Principal Pla	ace of Business	26 3371 Deerf	ald	D+	4. FEI Number 59-3063204	Applied For	
Suite, Apt. #	t elc.	Suite, Apt. #, etc.	ieia.	FL.		Not Applicate \$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & Stale 71			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28 O.P. 72	Cour	ntry.	Trust Fund Contribution	Added to Fees	
24	25	- A N		lair	8. This corporation has fiability for Florida Statutes	Intangible tax under s. 199.032,	
	g. Name and Address of Current	Registered Agent		0	10. Name and Address of New Re	egistered Agent	
I			[-	B1 Name			
HALL, WILLIAM T.				82 Street Address (P.O. Box Number is Not Acceptable)			
	IYLE FOREST BLVD.		}.	83			
SUITE 10) IVILLE FL 32244		Ţ	63			
JACKSUN	VILLE PL 36244		[84 City		FI 85 Zip Code	
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the ab	ove-named	corporation submits this statement for the		
office or re	gistered agent, or both, in the State of tamiliar with and accept the obligation	of Florida, Such change was a tions of Section 617,0503. Flo	uthorized rida Statu	by the corp	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE _			,,,,,,,				
	Signature, typed or printed name of registered agen			Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	U PUMPT ANNETTS	☑ DELETE	1.1 1(1)			☐ Change ☐ Additi	
NAME OTOTET ADODESO	KUHRT, ANNETTE 1704 ELSIE ST.		1.2 NA/				
STREET ADDRESS CITY-ST-ZIP	GREEN COVE SPGS FL		1	PEET ADDRESS Y-ST-ZIP			
TITLE	D	DELETE	2.8 Trit			Change Addition	
NAME	MARELL. CHARLES		2.2 NA	1			
STREET ADDRESS	11242 CLOVERHILL CIR N.			EET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 (1)	Y-SI-ZIP	•		
TITLE	D	☐ DELETE	3.1 T/I	.F		Change Additi	
NAME	MARELL CAROLYN		32 NAI	Į.			
STREET ADDRESS	11242 CLOVERHILL CIR N.		•	EE1 ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	D DEL CZE		Y-ST-ZIP			
TITLE	D CHELTON CHARLES	DELETE	4.1 7(7)			[] Change [] Additi	
NAME STREET ANDRESS	SHELTON, CHARLES 3621 CAROL ANN LN		4. 2 NA		l		
STREET ADDRESS	JACKSONVILLE FL		1	EET ADDRESS			
CITY-ST-ZIP TITLE	D D	T- DELETE	4.4 CITY-ST-ZIP 5 1 TITLE			Change Addition	
NAME	KUHRT, DOUG	Section 19	5.2 NAM	ì		- Change - Month	
STREET ADDRESS	1704 ELSIE ST.		1	EET ADDRESS			
CITY-ST-ZIP	GREEN COVE SPGS FL			Y+ST-ZIP			
TITLE	V	DELETE	6.1 T/TL			Change Addition	
NAME	HALL, JOYCE K		6.2 NA	AE)		· -	
STREET ADDRESS	3371 DEERFIELD POINTE		6.3 STA	EE1 ADDRESS	_		
CITY-ST-ZIP	JACKOONVILLE FL 32244		6.4 CIT	Y-ST-ZIP	O.P.71 32073		
14. Ldo hereb	certify that the information supplied	with this filing does not qualiful upplomental annual report is the	y for the c	exemption st	lated in Section 119.07(3)(i), Florida Statute	s. I further certify that the	

Importance indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under or 1 am an officer or director of the corporation or the receiver or trusted 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.

(904)

IGNATURE:

SIGNATURE:

777-1623