## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT #

N92000000420 (1)

FRIENDS OF CHILDREN, YOUTH AND FAMILIES, INCORPO RATED

Mailing Address

ASSET OF THE PARTY BILLS OF SOL

**FILED** May 01 1996 8:00 am Secretary of State

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	(LAND PARK BLVD., STE. 302 : Lakes Fl 33311	3661 W. OAKLAND LAUDERDALE LAKE		STE. 302	1	
					3. Date incorporated or Qualified 11/23/1992	Date of Last Report 05/01/1999
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0376540	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State			S. Francisco Caracina Sinoniae	
City & State	}	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	untry	8. This corporation has liability for intangib	le tax under s. 199.032,
24	25	29	30		Florida Statutes	NO KEN
	9. Name and Address of Curr	ent Registered Agent			<ol><li>Name and Address of New Register</li></ol>	ed Agent
				81 Name		
MCDON	ALD, MARY			B2 Stree	t Address (P.O. Box Number is Not Acceptable)	
	W. 18TH DRIVE					
POMPA	NO BEACH FL 33060			83		
				84 City		EL B5 Zip Code
44 D	1-0	00 and 617 1500 Etorido Ctr	states the ab-	ave paged	corporation submits this statement for the nurnose of	changing its registered office
or register	to the provisions of Sections 617.00 red agent, or both, in the State of Fi th, and accept the obligations of, Si	orida. Such change was auth	orized by the	corporation	s board of directors. I hereby accept the appointmen	t as registered agent. I am
SIGNATURE						
	Signature, typed or printed name of registered as		(NOTE: Registere		e required when reinstating) DA  ADDITIONS/CHANGES TO OFFICERS	
12.		AND DIRECTORS  DELETE		TITLE		Change Addition
TITLE NAME	CD JOHNSON, WILLIE	* Decem		NAME	C/D George Myles	ت ⊶ديو
	1000 NW 51 ST.			street addres:	1	+a 100
STREET ADDRESS	BOCA RATON FL 33432			DITY-ST-ZIP	Lauderhill, FL 33319	
CITY-ST-ZIP TITLE	DIVC	<b>X</b> DELETE		IITLE	lvC/D	Change [] Addition
NAME	HARRISON, ROBERT			NAME	Tanya Simmons-Oparah	
STREET ADDRESS	ONE EAST BROWARD BLY	<b>™</b>		STREET ADDRESS	1	
CITY-ST-ZIP	FT. LAUDERDALE FL 3330			CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	DS	<b>₽</b> DELETE		TITLE	S/D	Change Addition
NAME	JONES, PATSY	-	3.2	NAME	JoAnn Gibson	
STREET ADDRESS	1741 NORTHWEST 51ST	₩E.	3.3	STREET ADDRES	1	
CITY-ST-ZIP	FT. LAUDERDALE FL 3331		34.	CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE	P	DELETE	41	TITLE	T/D	Change Addition
NAME	MYLES, WILLIE		4. 2	NAME	JoeAnn Fletcher	
STREET ADDRESS	2550 NW 56 AVE.		4.3	STREET ADDRES	S 3343 NW 47 Avenue	
CITY-ST-ZIP	LAUDERHILL FL 33313		4.4	CITY-ST-ZIP	Coconut Creek, FL 33063	
TITLE	T	<b>₹</b> ]DELETE	5.1	TITLE	IC/D	Change 😡 Addition
NAME	JONES, ISAAC		5.2	NAME	Christopher Smith	.7
STREET ADDRESS	501 EL LAS OLAS BLVD.		5.3	STREET ADDRES		100r
CITY-ST-ZIP	FT. LAUDERDALE FL 3330			CITY-S1-ZIP	Ft. Lauderdale, FL 33301	
TITLE		DELETE	6.1	TITLE		Change
NAME			6.2	NAME		
STREET ADDRESS	•		6.3	STREET ADDRES	s	
CITY_ST_7ID			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 certify 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:

SHATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

Willie Myles

(954) 733-8805

Daytime Phone #

CR2E037 (12/95)