

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N92000000420 (1)

1. Corporation Name

FRIENDS OF CHILDREN, YOUTH AND FAMILIES, INCORPORATED

Principal Place of Business

3661 W. OAKLAND PARK BLVD., STE. 302
LAUDERDALE LAKES FL 33311

Mailing Address

3661 W. OAKLAND PARK BLVD., STE. 302
LAUDERDALE LAKES FL 33311-1156

FILED
Mar 26 1997 8:00am
Secretary of State



2. Principal Place of Business

21 3661 W. Oakland Park Blvd.

28. Mailing Address

26 3661 W. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 Suite 201

City & State

23 Lauderdale Lakes, FL

City & State

28 Lauderdale Lakes, FL

Zip

24 33311

Country

25 Broward

Zip

29 33311

Country

30 Broward

3. Date Incorporated or Qualified
11/23/1992

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0376540

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, MARY
1050 N.W. 18TH DRIVE
POMPANO BEACH FL 33060

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 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

CR2E037 (9/96)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GEORGE MYLES 3500 N STATE RD 7 STE 499 LAUDERHILL FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CD TANYA SIMMONS-OPARAH 100 S. ANDREWS AVE. FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC TANYA SIMMONS-OPARAH 100 S ANDREWS AVE FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1VCD JEROME SYMONETTE 901 NW 11 AVENUE FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOANN GIBSON 2880 W OAKLAND PARK BLVD FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD BOB HAAG 212 LAKE POINTE DRIVE, #305 OAKLAND PARK, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOEANN FLETCHER 3343 NW 47 AVE COCONUT CREEK FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	2VCD JOANN GIBSON 2660 W. OAKLAND PARK BLVD FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPHER SMITH 110 SE 6TH ST 28TH FLOOR FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	P WILLIE MYLES 5570 NW 44 STREET, #A515 FT. LAUDERDALE, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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:

Willie Myles

REQUIRED

Willie Myles

3/18/97

(954) 733-8805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034597