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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3661 W. Oakland Park Blvd. Suite, Apt. #, etc. 22 Suite 201 City & State 23 Lauderdale Lakes, FL Zip 24 33311	2a. Mailing Address 26 3661 W. Oakland Park Blvd. Suite, Apt. #, etc. 27 Suite 201 City & State 28 Lauderdale Lakes, FL Zip 29 33311	Country 30 Broward
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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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEORGE MYLES		1.2 NAME TANYA SIMMONS-OPARAH	
STREET ADDRESS 3500 N STATE RD 7 STE 499		1.3 STREET ADDRESS 100 S. ANDREWS AVE.	
CITY-ST-ZIP LAUDERHILL FL		1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301	
TITLE DVC	<input type="checkbox"/> DELETE	2.1 TITLE 1VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TANYA SIMMONS-OPARAH		2.2 NAME JEROME SYMONETTE	
STREET ADDRESS 100 S ANDREWS AVE		2.3 STREET ADDRESS 901 NW 11 AVENUE	
CITY-ST-ZIP FT. LAUDERDALE FL		2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33311	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOANN GIBSON		3.2 NAME BOB HAAG	
STREET ADDRESS 2660 W OAKLAND PARK BLVD		3.3 STREET ADDRESS 212 LAKE POINTE DRIVE, #305	
CITY-ST-ZIP FT. LAUDERDALE FL		3.4 CITY-ST-ZIP OAKLAND PARK, FL 33309	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE 2VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOEANN FLETCHER		4.2 NAME JOANN GIBSON	
STREET ADDRESS 3343 NW 47 AVE		4.3 STREET ADDRESS 2660 W. OAKLAND PARK BLVD	
CITY-ST-ZIP COCONUT CREEK FL		4.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33311	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHRISTOPHER SMITH		5.2 NAME WILLIE MYLES	
STREET ADDRESS 110 SE 8TH ST 28TH FLOOR		5.3 STREET ADDRESS 5570 NW 44 STREET, #A515	
CITY-ST-ZIP FT. LAUDERDALE FL		5.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33319	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 # 0034587

CR2E037 (9/96)