FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000420 (1)

FRIENDS OF CHILDREN, YOUTH AND FAMILIES, INCORPORATED

	and park blvd.	3661 W. OAKLAND PARK BLVD.			3. Date Incorporated or Qualified				
STE. 201	AMES EL 00044	STE, 201				11/23/1992			
US	AKES FL 33311	US	LAUDERDALE LAKES FL 33311			4. FEI Number		\top	Applied For
03		03				65-0376540			Not Applicable
2. Principal P	lace of Business	2a. Mailing Address						<u>¢ρ.7</u>	75 Additional
21		26				5. Certificate of Status Desired		+	e Required
Suite, Apt.	#. etc.	1777 .	Suite, Apt. #, etc.			6. Election Campaign Financing			00 May Be
22	,		27			Trust Fund Contribution			od to Fees
City & State	City & State				7. Is this nonprofit corporation a ho				
23	,	28						associi No	auom
Zip	Country	Zip Country						-	
24	25	29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24	9. Name and Address of Curren	· - ·	1			10. Name and Address of New Re			
	3. Hallo alla 7100.000 0. 001.01	Trioglosio angent	8	1 Na	ame	101 110110 0110 11011 110	3.0.0.02.13	,,,,,,	
			آ ا	` '``	w				
MCDONALD, MARY			8	82 Street Address (P.O. Box Number is Not Acceptable)					
1	W. 18TH DRIVE		<u> </u>	_					
POMPANO BEACH FL 33060			8	3					
			8	4 Ci	ity			85 2	Zip Code
							<u>FL</u>		•
11. Pursuant	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statutes,	the abo	ve-na	med corpor	ration submits this statement for the p	ourpose of o	hangir	ng its registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Floric	ia Statut	es.	s corporazion	13 Dogita of directors. Thereby accep	or the appor	TILITICA IL	. as registered
SIGNATURE									
	Signature, typed or printed name of registered age			gent sig	nature required	when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICE		_	
TITLE	CD	☐ DELETE	1.1 TITLE		I	under and President	L	Chan	nge 🔀 Addition
NAME	SIMMONS-OPARAH, TANYA		1.2 NAM		- 1	llie Myles			
STREET ADDRESS	100 S. ANDREWS AVE.		1,3 \$TRE	ET ADDF		'5 W. Sunrise Blvd.,	#208-	A	
CITY~ST-ZIP	FT. LAUDERDALE FL					rise, Fla <u>33313</u>			
TITLE	DVC	DELETE		2.1 TITLE BOX		ard Chairperson ${\cal C}^L$	> L		ige 🔲 Addition
NAME	TANYA SIMMONS-OPARAH		2.2 NAMI	E		nya Simons-Oparah			
STREET ADDRESS	100 S ANDREWS AVE		2.3 STRE	ET ADDR		O S. Andrews Avenue			
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY	-ST-ZI			33301		
TILLE	SD	DELETE	3.1 TITLE	!		t Vice Chair VC.O	<u>,</u>	Chang	nge 🔲 Addition
NAME	JOANN GIBSON	}	3.2 NAM	Ę		rome Symonette			
STREET ADDRESS	2660 W OAKLAND PARK BLV	o	3.3 STRE	ET ADDR		1 N.W. 11th Avenue			
CJTY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY	- ST- 718			33311		
TITLE	VCD	☐ DELETE	4.1 TITLE			d VicebChair		Chan	ge Addition
NAME	GIBSON, JOANN		4. 2 NAM	E	I	Ann Gibson VCO		•	
STREET ADDRESS	2660 W. OAKLAND PARK BLV	מי.	4.3 STRE			60 W. Oakland Park	D12		
CATY-ST-ZIP	FT. LAUDERDALE FL	,	4.4 CITY		20		33311		
TITLE	D D	DELETE	5.1 TITLE		1			Chang	ge 🔀 Addition
NAME	CHRISTOPHER SMITH		5.2 NAME			cretary 5	_		
STREET ADDRESS	110 SE 6TH ST 28TH FLOOR	ļ	5.3 STREE			son Unger, Esq.	"		
1 ' '	FT. LAUDERDALE FL	•			רגן	0 S. Andrews Avenue			
CITY-ST-ZIF TITLE	VCD	☐ DELETE	5.4 CITY- 6.1 TITLE			mpano Beach, Fl 33	109	¥ Chan	ge Addition
						gal Counsel	,	a oraș	30 / (dutibil
NAME	SYMONETTE, JEROME		6.2 NAME		Ch	ristopher Smith, Esconer Blvd	q .	400	
STREET ADDRESS	901 N.W. 11 AVE.		6,3 STREI	ŁΓADDR	aess i ∕9	U E. Broward Bivd	parte	400	,

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.

SIGNATURE:

SHUMMED DEQUIRED

12/98

FILED

Feb 06 1998 8:00am

Secretary of State

(954)792-2221

CR2E037 (10/97)