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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000003356 (3)
1. Corporation Name

FAMILY FOCUS ASSOCIATES, INC.



Principal Place of Business

Mailing Address

3178 FOREST BREEZE WAY
ST. CLOUD FL 34771

3178 FOREST BREEZE WAY
ST. CLOUD FL 34771-7742

3. Date Incorporated or Qualified
07/21/1993

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
04-3133571

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
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

MOSCHEL, ROBERT D JR
1609 E. VINE ST.
SUITE C
KISSIMMEE FL 34744

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
630 E. VINE ST

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME MCFADDEN, MICHAEL J
STREET ADDRESS 3178 FOREST BREEZE WAY
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE S ☐ DELETE

NAME MCFADDEN, JOYCE L
STREET ADDRESS 3178 FOREST BREEZE WAY
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE D ☐ DELETE

NAME LENNON, RITA A
STREET ADDRESS 60 ELM ST
CITY-ST-ZIP COHASSET MA

TITLE D ☐ DELETE

NAME NICHOLS, REV BASIL
STREET ADDRESS 2498 SHELBY CIRCLE
CITY-ST-ZIP KISSIMMEE FL

TITLE D ☒ DELETE

NAME QUINONES, JOSE A
STREET ADDRESS 146 EAGLE CROSSING DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE D

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MC LAUGHLIN, REV. JOHN, LCSW

16 RUTH ELLEN ROAD
RAYNHAM, MA 02767

KARA FLANAGAN LSW

1972 BOULEVARD

W. HARTFORD, CT 06127

02025

34744

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.

CR2E037(9/96)