

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MOSCHEL, ROBERT D JR
630 E VINE STREET
KISSIMMEE FL 34744**

3. Date Incorporated or Qualified

07/21/1993

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MC FADDEN, MICHAEL J	
STREET ADDRESS	3178 FOREST BREEZE WAY	
CITY - ST - ZIP	ST. CLOUD FL 34771	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MC FADDEN, JOYCE L	
STREET ADDRESS	3178 FOREST BREEZE WAY	
CITY - ST - ZIP	ST. CLOUD FL 34771	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LENNON, RITA A	
STREET ADDRESS	60 ELM ST	
CITY - ST - ZIP	COHASSET MA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLS, REV BASIL	
STREET ADDRESS	2498 SHELBY CIRCLE	
CITY - ST - ZIP	KISSIMMEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, JOHN R	
STREET ADDRESS	16 RUTH ELLEN ROAD	
CITY - ST - ZIP	RAYNHAM MA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FLANAGAN, KARA	
STREET ADDRESS	1972 BOULEVARD	
CITY - ST - ZIP	W HARTFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

Michael J. McFadden

April 12, 1998 407-892-9327

CR2E037 (1097)