

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90114 007 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000003356**

1. Corporation Name

**FAMILY FOCUS ASSOCIATES, INC.**

Principal Place of Business

3178 FOREST BREEZE WAY  
ST. CLOUD FL 34771

Mailing Address

3178 FOREST BREEZE WAY  
ST. CLOUD FL 34771



2. Principal Place of Business

21 **164 TAYLOR AVE**

Suite, Apt. #, etc.

22 **P.O. Box 54**

City & State

23 **WHITE HORSE BEACH, MA**

Zip

24 **02381**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 54**

Suite, Apt. #, etc.

27

City & State

28 **WHITE HORSE BEACH, MA**

Zip

29 **02381**

Country

30 **USA**

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

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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	MCFADDEN, MICHAEL J	
STREET ADDRESS	3178 FOREST BREEZE WAY	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCFADDEN, 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 checked="" 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL J. MCFADDEN	
1.3 STREET ADDRESS	P.O. Box 54	
1.4 CITY-ST-ZIP	164 TAYLOR AVE WHITE HORSE BEACH, MA 02381	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOYCE L. MCFADDEN	
2.3 STREET ADDRESS	P.O. Box 54	
2.4 CITY-ST-ZIP	164 TAYLOR AVE WHITE HORSE BEACH, MA 02381	
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	JAMES BELZER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	5400 HAVEN AVE	
5.4 CITY-ST-ZIP	OCEAN CITY, NJ 08226	
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, with all other like empowered.

SIGNATURE: *Michael J. McFadden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99

Date

508-224-5517

Daytime Phone #

CR2E037 (11/98)