

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000004907 (1)**

1. Corporation Name

**FAMILY TO FAMILY C.A.R.E.S NETWORK, INC.**

Principal Place of Business

Mailing Address

4823 S.W. 20TH STREET  
HOLLYWOOD FL 33023

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HOLLYWOOD FL 33023



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/06/1994</b>		3a. Date of Last Report <b>03/16/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0520629</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENDRICK, EVELYN W**  
**4823 S.W. 20TH STREET**  
**HOLLYWOOD FL 33023**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 *Evelyn Kendrick W.*

(NOTE: Registered Agent signature required when reinstating)

**3/09/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>600001748256</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENDRICK, EVELYN</b>	1.2 NAME	<b>-03/19/96--01009--005</b>
STREET ADDRESS	<b>4823 S.W. 20TH STREET</b>	1.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, MARIA</b>	2.2 NAME	<b>CATHERINE WALKER</b>
STREET ADDRESS	<b>2847 FILMORE STREET, #401</b>	2.3 STREET ADDRESS	<b>2523 NW 6th Street - Box 143</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	2.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33311</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUENTES, JUAN J</b>	3.2 NAME	<b>THELMA KENDRICK</b>
STREET ADDRESS	<b>3340 SW 16TH STREET</b>	3.3 STREET ADDRESS	<b>2710 NW 25th Avenue</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33311</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARENT, JUOY</b>	4.2 NAME	<b>DIANE JACKSON</b>
STREET ADDRESS	<b>5260 NW 88TH AVENUE #G101</b>	4.3 STREET ADDRESS	<b>1529 NW 6th Avenue</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	4.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33311</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, ANDREW J REV</b>	5.2 NAME	<b>ELOISE FENCER</b>
STREET ADDRESS	<b>4031 NE 2ND WAY</b>	5.3 STREET ADDRESS	<b>1821 NW 33rd TERRACE</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	5.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33311</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETIT, ROBIN</b>	6.2 NAME	<b>TONA WILLIAMS</b>
STREET ADDRESS	<b>1521 N.E. 16TH AVENUE</b>	6.3 STREET ADDRESS	<b>4061 NW 30th TERRACE, #1</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33024</b>	6.4 CITY-ST-ZIP	<b>LAUDERDALE LAKES, FL 33309</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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: *Catherine Walker* **CATHERINE WALKER** **954**  
**PRESIDENT** **3/9/96** **584-5371**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

3-15-1996