


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90006 019 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N940000049071</b>					
1. Corporation Name <b>FAMILY TO FAMILY C.A.R.E.S NETWORK, INC.</b>					
Principal Place of Business <b>4823 S.W. 20TH STREET HOLLYWOOD FL 33023</b>			Mailing Address <b>4823 S.W. 20TH STREET HOLLYWOOD FL 33023</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>10/06/1994</b> 4. FEI Number <b>65-0520629</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>KENDRICK, EVELYN W 4823 S.W. 20TH STREET HOLLYWOOD FL 33023</b>			10. Name and Address of New Registered Agent 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 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 <input type="checkbox"/> DELETE NAME <b>D KENDRICK, EVELYN</b> STREET ADDRESS <b>4823 S.W. 20TH STREET</b> CITY-ST-ZIP <b>HOLLYWOOD FL 33023</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>VP WALKER, CATHERINE</b> STREET ADDRESS <b>2523 NW 6TH ST. BOX 143</b> CITY-ST-ZIP <b>FT. LAUDERDALE FL 33311</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>T KENDRICK, THELMA</b> STREET ADDRESS <b>2710 NW 25TH AVE.</b> CITY-ST-ZIP <b>FT. LAUDERDALE FL 33311</b>			3.1 TITLE <b>S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>P JACKSON, DIANE</b> STREET ADDRESS <b>1529 N.W. 6TH AVENUE</b> CITY-ST-ZIP <b>FT. LAUDERDALE FL 33311</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>D FENCHER, ELOISE</b> STREET ADDRESS <b>1821 NW 33RD TERR.</b> CITY-ST-ZIP <b>FT. LAUDERDALE FL 33311</b>			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>S WILLIAMS, EDNA</b> STREET ADDRESS <b>4061 NW 30TH TERR. #1</b> CITY-ST-ZIP <b>LAUDERDALE LAKES FL 33309</b>			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: Thelma R. Kendrick IRED 4-15-99 954 462-0255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)