

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 # **N95000002971**

1. Corporation Name

Family Resource Connection, Inc.

400001837854
-05/24/96--01017--010
***70.00

Principal Place of Business

Mailing Address

101 W. Venice Ave #24 Venice, FL 34285
P.O. Box 1354 Osprey, FL 34229

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

3. Date Incorporated or Qualified

3a. Date of Last Report

6-19-95

4. FEI Number

65-0607864

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

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

Barbara Kochmit

(NOTE: Registered Agent signature required when reinstating)

5-3-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Executive Director** ☐ DELETE
NAME **Barbara Kochmit**
STREET ADDRESS **1828 Raintree Lane**
CITY-ST-ZIP **Venice, FL 34293**

1.1 TITLE **Director** ☐ Change ☐ Addition
1.2 NAME **Deborah Whitham**
1.3 STREET ADDRESS **3064 Shamrock Dr.**
1.4 CITY-ST-ZIP **Venice, FL 34293**

TITLE **President** ☐ DELETE
NAME **Doug Laird**
STREET ADDRESS **7724A Holiday Dr**
CITY-ST-ZIP **Sarasota, FL 34231**

2.1 TITLE **Director** ☐ Change ☐ Addition
2.2 NAME **Shelia Williams**
2.3 STREET ADDRESS **5600 Bee Ridge Rd.**
2.4 CITY-ST-ZIP **Sarasota, FL 34233**

TITLE **V. President** ☐ DELETE
NAME **Jan DeBoer**
STREET ADDRESS **613 Four Bays Drive**
CITY-ST-ZIP **Nokomis, FL 34275**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **Treasurer** ☐ DELETE
NAME **Lynn Lewis**
STREET ADDRESS **8905 Pohoy Ave**
CITY-ST-ZIP **Sarasota, FL 34231**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **Secretary** ☐ DELETE
NAME **Cindy Hicks**
STREET ADDRESS **500 Valencia Rd**
CITY-ST-ZIP **Venice, FL 34285**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **Director** ☐ DELETE
NAME **Donna Spencer**
STREET ADDRESS **2180 Sparrow Ct**
CITY-ST-ZIP **Sarasota, FL 34239**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

Barbara Kochmit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-96

(941) 488-1234

Date

Daytime Phone #

CR2E037 (12/95)