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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

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1. Corporation Name

THE FAMILY BUILDERS FOUNDATION, INC.

Principal Place of Business

C/O REYNALD POULIOT, MD  
265B COMMERCIAL BLVD.  
LAUDERDALE BY THE SEA FL 33308

Mailing Address

C/O REYNALD POULIOT, MD  
265B COMMERCIAL BLVD.  
LAUDERDALE BY THE SEA FL 33308



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

NOT APPLICABLE

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

STALIONS, WILLIAM C  
4001 SHERIDAN ST  
STE 505  
HOLLYWOOD FL 33021

2699 STIRLING RD #A-201  
FT. LAUDERDALE FL 33312

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 CP ☐ DELETE

NAME POULIOT, REYNALD M  
STREET ADDRESS 265B COMMERCIAL BLVD  
CITY-ST-ZIP LAUD-BY-THE-SEA FL

TITLE VD ☐ DELETE

NAME STALIONS, WILLIAM C  
STREET ADDRESS 4001 SHERIDAN ST, STE 505  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE SD ☐ DELETE

NAME POULIOT, MARCO  
STREET ADDRESS 167 SW 3RD ST  
CITY-ST-ZIP POMPANO FL

TITLE D ☐ DELETE

NAME BRATT, IRVING M M  
STREET ADDRESS 1555 E OAKLAND PARK BLVD  
CITY-ST-ZIP OAKLAND PARK FL

TITLE D ☐ DELETE

NAME COBO, SYLVIA  
STREET ADDRESS 12 CASTLE HARBOR ISLE DR  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE

NAME ELMORE, WILLIAM E  
STREET ADDRESS 100 NE 3RD AVE, STE 500  
CITY-ST-ZIP FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)