


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1998 8:00am  
Secretary of State

|  |                            |   |   |  |  |
|--|----------------------------|---|---|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998   |                            |                            |   | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                             |  |
| DOCUMENT # N96000005771 (8)<br>1. Corporation Name<br>CENTER FOR COUPLES AND FAMILY DEVELOPMENT, INC.  |                            |   |   |  |  |
| Principal Place of Business<br>1031 NW 6TH STREET<br>SUITE C-2<br>GAINESVILLE FL 32601   |                            |   | Mailing Address<br>1031 NW 6TH STREET<br>SUITE C-2<br>GAINESVILLE FL 32601  |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country  |                            | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country                    |   | 3. Date Incorporated or Qualified<br>11/08/1996<br>4. FEI Number<br>59-3415587<br>Applied For<br>Not Applicable                |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |                            | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |   | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                            |   |   |  |  |
| 9. Name and Address of Current Registered Agent<br>NAZARIO, ANDRES JR<br>2110 SW 88TH STREET<br>GAINESVILLE FL 32607   |                            |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                            |   |   |  |  |
| 12. OFFICERS AND DIRECTORS   |                            |   |   |  |  |
| TITLE  | PD                         | <input type="checkbox"/> DELETE   |   |  |  |
| NAME   | NAZARIO, ANDRES            |   |   |  |  |
| STREET ADDRESS   | 2110 SW 88TH STREET        |   |   |  |  |
| CITY-ST-ZIP  | GAINESVILLE FL 32607       |   |   |  |  |
| TITLE  | VD                         | <input type="checkbox"/> DELETE   |   |  |  |
| NAME   | MARQUEZ, MARTHA G          |   |   |  |  |
| STREET ADDRESS   | 5700 NW 57TH WAY           |   |   |  |  |
| CITY-ST-ZIP  | GAINESVILLE FL 32653       |   |   |  |  |
| TITLE  | SD                         | <input type="checkbox"/> DELETE   |   |  |  |
| NAME   | EARLY, GINA                |   |   |  |  |
| STREET ADDRESS   | RT 2 BOX 342               |   |   |  |  |
| CITY-ST-ZIP  | MICANOPY FL 32667          |   |   |  |  |
| TITLE  | D                          | <input type="checkbox"/> DELETE   |   |  |  |
| NAME   | PICADO, SUSANA             |   |   |  |  |
| STREET ADDRESS   | 312 NW 23RD AVE            |   |   |  |  |
| CITY-ST-ZIP  | GAINESVILLE FL 32607       |   |   |  |  |
| TITLE  | D                          | <input type="checkbox"/> DELETE   |   |  |  |
| NAME   | GREENHUT, GAIL             |   |   |  |  |
| STREET ADDRESS   | 5610 NW 32ND STREET        |   |   |  |  |
| CITY-ST-ZIP  | GAINESVILLE FL 32653       |   |   |  |  |
| TITLE  | D                          | <input type="checkbox"/> DELETE   |   |  |  |
| NAME   | BROWN, IRVIN               |   |   |  |  |
| STREET ADDRESS   | 7218 SW 99TH STREET        |   |   |  |  |
| CITY-ST-ZIP  | OCALA FL 34476             |   |   |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |                            |   |   |  |  |
| 1.1 TITLE  | TREASURER                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                |   |  |  |
| 1.2 NAME   | STEIER, HERBERT M.         |   |   |  |  |
| 1.3 STREET ADDRESS   | 1929 N.W. 14TH AVENUE      |   |   |  |  |
| 1.4 CITY-ST-ZIP  | GAINESVILLE, FLORIDA 32605 |   |   |  |  |
| 2.1 TITLE  | DD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                |   |  |  |
| 2.2 NAME   | RITTER, GENE               |   |   |  |  |
| 2.3 STREET ADDRESS   | 1114 N.W. 6TH STREET #10   |   |   |  |  |
| 2.4 CITY-ST-ZIP  | GAINESVILLE, FL 32601      |   |   |  |  |
| 3.1 TITLE  | DD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                |   |  |  |
| 3.2 NAME   | MULLIN, TERESA             |   |   |  |  |
| 3.3 STREET ADDRESS   | 8622 S.W. 42ND PLACE       |   |   |  |  |
| 3.4 CITY-ST-ZIP  | GAINESVILLE, FL 32608      |   |   |  |  |
| 4.1 TITLE  | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                |   |  |  |
| 4.2 NAME   | RODRIGUEZ, THERESA         |   |   |  |  |
| 4.3 STREET ADDRESS   | 824 N.W. 11TH AVENUE       |   |   |  |  |
| 4.4 CITY-ST-ZIP  | GAINESVILLE, FL 32601      |   |   |  |  |
| 5.1 TITLE  |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |
| 5.2 NAME   |                            |   |   |  |  |
| 5.3 STREET ADDRESS   |                            |   |   |  |  |
| 5.4 CITY-ST-ZIP  |                            |   |   |  |  |
| 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. |                            |   |   |  |  |
| SIGNATURE: <u>Gina Marquez</u> 1/21/98 352-376-5543  |                            |   |   |  |  |

CR2E037 (10/97)