

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90091 042 ****61.25

DOCUMENT # N97000001640

1. Corporation Name

FAMILIES HELPING FAMILIES, INC.

Principal Place of Business

C/O THOMAS R. OLIVERI
200 EAST BROWARD BOULEVARD, 9TH FLOOR
FORT LAUDERDALE FL 33301

Mailing Address

C/O THOMAS R. OLIVERI
200 EAST BROWARD BOULEVARD, 9TH FLOOR
FORT LAUDERDALE FL 33301

2. Principal Place of Business

21 9/0 ED HAWKINS

Suite, Apt. #, etc.

22 141 NW 78th Terr

City & State

23 Margate FL

Zip Country

24 33063 25

2a. Mailing Address

26 C/O ED HAWKINS

Suite, Apt. #, etc.

27 3001 Cardinal Lake Dr.

City & State

28 Duluth GA

Zip Country

29 30096 30

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

OLIVERI, THOMAS R
C/O THOMAS R. OLIVERI
200 EAST BROWARD BOULEVARD, 9TH FLOOR
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

ED HAWKINS

82 Street Address (P.O. Box Number is Not Acceptable)

3001 Cardinal Lake Dr.

83

141 NW 78th Terr

84 City

Duluth Margate

FL

85 Zip Code

93063

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

ED HAWKINS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME OLIVERI, THOMAS R
STREET ADDRESS 200 EAST BROWARD BOULEVARD, 9TH FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE D ☒ DELETE
NAME DEE, KAREN
STREET ADDRESS 77 E. CAMINO REAL, 2ND FLOOR
CITY-ST-ZIP BOCA RATON FL 33432TITLE D ☐ DELETE
NAME HAWKINS, ED
STREET ADDRESS 200 EAST BROWARD BOULEVARD, 9TH FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE D ☒ DELETE
NAME ROGERS, IVETTE
STREET ADDRESS 10760 N.W. 10TH STREET
CITY-ST-ZIP PLANTATION FL 33322TITLE D ☒ DELETE
NAME FINN, JOYCE
STREET ADDRESS 200 EAST BROWARD BOULEVARD, 9TH FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME MELBAJ ELSLEY
1.3 STREET ADDRESS 3001 Cardinal Lake Dr
1.4 CITY-ST-ZIP Duluth GA 300962.1 TITLE D ☐ Change ☐ Addition
2.2 NAME Jeanne Kraemer
2.3 STREET ADDRESS 3001 Cardinal Lake Dr
2.4 CITY-ST-ZIP Duluth GA 300963.1 TITLE D ☐ Change ☐ Addition
3.2 NAME NORMAN Kraemer
3.3 STREET ADDRESS 3001 Cardinal Lake Dr
3.4 CITY-ST-ZIP Duluth GA 300964.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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:

SIGNATURE REQUIRED

2/25/99

1-800-473-3017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0036217

CR2E037 (11/98)