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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000002528

1. Corporation Name

FRIENDS & FAMILY FOUNDATION, INC.

Principal Place of Business

850 N. MIAMI AVENUE
 506W
 MIAMI FL 33136

Mailing Address

850 N. MIAMI AVENUE
 506W
 MIAMI FL 33136



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

65-0681885

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

BAXTER, DARRYL K
850 N. MIAMI AVENUE
506-W
MIAMI FL 33136

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE **PD**
 NAME **BAXTER, DARRYL K**
 STREET ADDRESS **850 N. MIAMI AVENUE, 506W**
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE **VD**
 NAME **THOMPkins, WILLIE J**
 STREET ADDRESS **780 199TH STREET, E102**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **SD**
 NAME **JOHNSON, WILLIAM S**
 STREET ADDRESS **2400 NORTHWEST 160TH STREET**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE **TD**
 NAME **BRAILSFORD, TONEY R**
 STREET ADDRESS **850 N. MIAMI AVENUE, 506W**
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(l), 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: *Darryl K. Baxter* **SIGNATURE REQUIRED** *Darryl K. Baxter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)