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Mar 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002586 (2)

1. Corporation Name

FAMILY NEEDS, INC.



Principal Place of Business

4026 W FAIRFIELD DR
PENSACOLA FL 32505

Mailing Address

4026 W FAIRFIELD DR
PENSACOLA FL 32505

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

52-2045491

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, FAYE
4026 W FAIRFIELD DR
PENSACOLA FL 32505

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 617.1506, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WILLIAMS, JACK
STREET ADDRESS 7200 KLONDIKE RD
CITY-ST-ZIP PENSACOLA FL 32526

TITLE D ☐ DELETE
NAME WILLIAMS, FAYE L
STREET ADDRESS 7200 KLONDIKE RD
CITY-ST-ZIP PENSACOLA FL 32526

TITLE D ☒ DELETE
NAME WILLIAMS, MICHAEL L
STREET ADDRESS 7200 KLONDIKE RD
CITY-ST-ZIP PENSACOLA FL 32526

TITLE D ☒ DELETE
NAME WILLIAMS, DONNA K
STREET ADDRESS 7200 KLONDIKE RD
CITY-ST-ZIP PENSACOLA FL 32526

TITLE D ☐ DELETE
NAME UTMAGE, FRAN
STREET ADDRESS 355 STACEY RD
CITY-ST-ZIP CANTONMENT FL 32514

TITLE D ☒ DELETE
NAME WILLIAMS, CHRISTINE M
STREET ADDRESS 4221 W AVENIDA DE GOLF AVE
CITY-ST-ZIP PACE FL 32571

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME MARY K RUSSELL D
1.3 STREET ADDRESS 1523 GULF BEACH HWY. LOT #45
1.4 CITY-ST-ZIP PENSACOLA FLORIDA 32507

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 CHRISTINA F REYES D
3.3 STREET ADDRESS 2400 ST. MARY AVE
3.4 CITY-ST-ZIP PENSACOLA, FL 32505

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME RENNIE BEASLEY D
4.3 STREET ADDRESS 5499 COVENTRY AVE
4.4 CITY-ST-ZIP PENSACOLA FL 32526

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 ELAINE B BROWER D
6.3 STREET ADDRESS 4911 TULIP DR.
6.4 CITY-ST-ZIP PENSACOLA FL 32506

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

Faye L Williams

2/24/98

CR2E037 (10/97)