

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90145 043 ****70.00

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1. Corporation Name

FAMILY NEEDS, INC.

Principal Place of Business

4028 W FAIRFIELD DR
PENSACOLA FL 32505

Mailing Address

4028 W FAIRFIELD DR
PENSACOLA FL 32505



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

52-2045491

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

10. Name and Address of New Registered Agent

WILLIAMS, FAYE
4028 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 617.1508, 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

NAME WILLIAMS, JACK

STREET ADDRESS 7200 KLONDIKE RD
CITY-ST-ZIP PENSACOLA FL 32526

1.2 NAME

STREET ADDRESS 7200 KLONDIKE RD

CITY-ST-ZIP PENSACOLA FL 32526

1.3 STREET ADDRESS

CITY-ST-ZIP PENSACOLA FL 32526

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

NAME WILLIAMS, FAYE L

STREET ADDRESS 7200 KLONDIKE RD
CITY-ST-ZIP PENSACOLA FL 32526

2.2 NAME

STREET ADDRESS 7200 KLONDIKE RD

CITY-ST-ZIP PENSACOLA FL 32526

2.3 STREET ADDRESS

CITY-ST-ZIP PENSACOLA FL 32526

2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME REYES, CHRISTINA F
STREET ADDRESS 2400 ST MARY AVE
CITY-ST-ZIP PENSACOLA FL 32505

3.1 TITLE ☐ Change ☐ Addition

NAME REYES, CHRISTINA F

STREET ADDRESS 2400 ST MARY AVE
CITY-ST-ZIP PENSACOLA FL 32505

3.2 NAME

STREET ADDRESS 2400 ST MARY AVE

CITY-ST-ZIP PENSACOLA FL 32505

3.3 STREET ADDRESS

CITY-ST-ZIP PENSACOLA FL 32505

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BEASLEY, RENNIE
STREET ADDRESS 5499 COVENTRY AVE
CITY-ST-ZIP PENSACOLA FL 32526

4.1 TITLE ☐ Change ☐ Addition

NAME BEASLEY, RENNIE

STREET ADDRESS 5499 COVENTRY AVE
CITY-ST-ZIP PENSACOLA FL 32526

4.2 NAME

STREET ADDRESS 5499 COVENTRY AVE

CITY-ST-ZIP PENSACOLA FL 32526

4.3 STREET ADDRESS

CITY-ST-ZIP PENSACOLA FL 32526

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME UTNAGE, FRAN
STREET ADDRESS 355 STACEY RD
CITY-ST-ZIP CANTONMENT FL 32514

5.1 TITLE ☐ Change ☐ Addition

NAME UTNAGE, FRAN

STREET ADDRESS 355 STACEY RD
CITY-ST-ZIP CANTONMENT FL 32514

5.2 NAME

STREET ADDRESS 355 STACEY RD

CITY-ST-ZIP CANTONMENT FL 32514

5.3 STREET ADDRESS

CITY-ST-ZIP CANTONMENT FL 32514

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BROWER, ELAINE B
STREET ADDRESS 4911 TULIP DR
CITY-ST-ZIP PENSACOLA FL 32506

6.1 TITLE ☐ Change ☐ Addition

NAME BROWER, ELAINE B

STREET ADDRESS 4911 TULIP DR
CITY-ST-ZIP PENSACOLA FL 32506

6.2 NAME

STREET ADDRESS 4911 TULIP DR

CITY-ST-ZIP PENSACOLA FL 32506

6.3 STREET ADDRESS

CITY-ST-ZIP PENSACOLA FL 32506

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

2/26/99

850-455-8911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)