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FILED
May 21 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 # **N97000003706 (5)**

1. Corporation Name

FAMILY RESOURCES CENTER INC.

Principal Place of Business	Mailing Address
10223 SW 180TH ST PERRINE FL 33157	10223 SW 180TH ST PERRINE FL 33157

3. Date Incorporated or Qualified: 06/26/1997

4. FEI Number: 65-0764998 ☐ 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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WATSON, SIMEON BISHOP
10223 SW 180TH ST
PERRINE FL 33157

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: Simeon Watson — Simeon WATSON — 5/11/98
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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, SIMEON BISHOP		1.2 NAME		
STREET ADDRESS	1409 NE 152ND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33157		1.4 CITY-ST-ZIP		
TITLE	DS	~~☐~~ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	JONES, WILLIE J		2.2 NAME	Edward Sawyer	
STREET ADDRESS	2261 NW 58TH ST		2.3 STREET ADDRESS	4816 N.W.22nd Ave.	
CITY-ST-ZIP	MIAMI FL 33142		2.4 CITY-ST-ZIP	Miami, Fl. 33147	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, CHARLES		3.2 NAME		
STREET ADDRESS	5701 NW 4TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	Jones Willie	
STREET ADDRESS			4.3 STREET ADDRESS	2261 N.W.58 Street	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	~~Miami, Fl. 33142~~	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Simeon Watson Simeon WATSON 5/11/98 305-238-6932