


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90105 019 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000000604**

1. Corporation Name  
**FAMILY COURT RESOURCE ASSISTANCE, INC.**

3 7 373925-90065-50 5 \*

Principal Place of Business 707 N PALM AVE INDIALANTIC FL 32903	Mailing Address 707 N PALM AVE INDIALANTIC FL 32903
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2. Principal Place of Business 21 <b>50 S. NIEMAN AVE</b>	2a. Mailing Address 26 <b>50 S. NIEMAN AVE</b>	3. Date Incorporated or Qualified <b>02/02/1998</b>
Suite, Apt. #, etc. 22 <b>SUITE 150</b>	Suite, Apt. #, etc. 27 <b>SUITE 150</b>	4. FEI Number <b>59-3532444</b>
City & State 23 <b>MELBOURNE FL</b>	City & State 28 <b>MELBOURNE FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>32901</b>	Country 25 <b>BREVARD</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>32901</b>	Country 30 <b>BREVARD</b>	

9. Name and Address of Current Registered Agent <b>GRANT, JOYCE A</b> 707 N PALM AVE INDIALANTIC FL 32903	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANT, JOYCE A</b>	1.2 NAME	
STREET ADDRESS	<b>707 N PALM AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANT, ANNA</b>	2.2 NAME	
STREET ADDRESS	<b>5519 AVONDALE PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURG PA 15206</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JANET TRAYNOR</b>	3.2 NAME	
STREET ADDRESS	<b>1640 FARMINGTON COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA 15237</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Joyce A Grant SIGNATURE REQUIRED: Joyce A Grant 4-8-99 (407) 952-4631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)