


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

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

NONPROFIT CORPORATION ANNUAL REPORT 1999		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 50 S. NIEMAN AVE	2a. Mailing Address 26 50 S. NIEMAN AVE	3. Date Incorporated or Qualified 02/02/1998
Suite, Apt. #, etc. 22 SUITE 150	Suite, Apt. #, etc. 27 SUITE 150	4. FEI Number 59-3532444
City & State 23 MELBOURNE FL	City & State 28 MELBOURNE FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32901	Country 25 BREVARD	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 32901	Country 30 BREVARD	

9. Name and Address of Current Registered Agent GRANT, JOYCE A 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 FL 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, JOYCE A	1.2 NAME	
STREET ADDRESS	707 N PALM AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, ANNA	2.2 NAME	
STREET ADDRESS	5519 AVONDALE PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURG PA 15208	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET TRAYNOR	3.2 NAME	
STREET ADDRESS	1640 FARMINGTON COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15237	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)