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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000001707

1. Corporation Name
A FAMILY BUDGET COUNSELING, INC.

450215 - 90237 - 28

Principal Place of Business	Mailing Address
118 5TH AVE. LEHIGH ACRES FL 33936	118 5TH AVE. LEHIGH ACRES FL 33936

2. Principal Place of Business 21 3410 B North Harbor Suite, Apt. #, etc. 22 City Blvd City & State 23 Melbourne Florida Zip 24 32935 Country 25 U.S.A	2a. Mailing Address 26 3410 B N. Harbor City Suite, Apt. #, etc. 27 Blvd. City & State 28 Melbourne Florida Zip 29 32935 Country 30 USA	3. Date Incorporated or Qualified 03/24/1998 4. FEI Number 11-340 3606 ☐ 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

9. Name and Address of Current Registered Agent

KOENIG, CHRISTINA
118 5TH AVE.
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 Christina Koenig PRES + DIRECTOR + TREAS. 4/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE T D 1.2 NAME CHRISTINA KOENIG T 1.3 STREET ADDRESS 118 5th AVE 1.4 CITY-ST-ZIP LEHIGH ACRES FL 33936	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE T 2.2 NAME DIANE FARINELLA T (VP) 2.3 STREET ADDRESS 173 EAST DRIVE 2.4 CITY-ST-ZIP NOMASSAPEQUA NY 11758	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE T 3.2 NAME CAROL FARINELLA T 3.3 STREET ADDRESS 80 ALPINE WAY 3.4 CITY-ST-ZIP HUNT. NY 11746	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: Christina Koenig FILED 1/21/99 407-253-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #