


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

05-06-1999 90220 020 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000089418					
1. Corporation Name STRENGTHENING THE FAMILY, INC.					
Principal Place of Business 1284 TIMBERLANE RD. STE. A TALLAHASSEE FL 32312 US			Mailing Address 1284 TIMBERLANE RD. STE. A TALLAHASSEE FL 32312 US		
2. Principal Place of Business 21 1589 Metropolitan Blvd Suite, Apt. #, etc. SUITE A City & State FL FL Zip 32308 Country USA					
2a. Mailing Address 26 1589 Metropolitan Blvd Suite, Apt. #, etc. SUITE A City & State FL FL Zip 32308 Country USA					
3. Date Incorporated or Qualified 12/09/1994					
4. FEI Number 59-3423137					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent TOTTEN-HERRING, LAUREN 2233 GREENWICH WAY TALLAHASSEE FL 32308			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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input type="checkbox"/> DELETE NAME HERRING, JEFF STREET ADDRESS 2233 GREENWICH WAY 7322 HOLLY ST CITY-ST-ZIP TALLAHASSEE FL 32308 32312			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE V <input type="checkbox"/> DELETE NAME HERRING, LAUREN STREET ADDRESS 2233 GREENWICH WAY Scand CITY-ST-ZIP TALLAHASSEE FL 32308			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-99 850-309-2170

CR2E034 (1/98)

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