

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018616 (9)

1. Corporation Name

NATIONAL FAMILY SERVICE ASSOCIATION INC.



Principal Place of Business

Mailing Address

30 N. TROPICAL TRAIL
MERRITT ISLAND FL 32953

30 N. TROPICAL TRAIL
MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PARK, RONALD G SR.
30 N. TROPICAL TRAIL
MERRITT ISLAND FL 32953

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

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P, D	<input type="checkbox"/> DELETE
NAME	PARK, RONALD T SR.	
STREET ADDRESS	2623 HORSESHOE COURT	
CITY - ST - ZIP	COCOA FL 32926	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARK, RONALD T JR.	
STREET ADDRESS	2623 HORSESHOE COURT	
CITY - ST - ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARK, RANDAL G SR.	
STREET ADDRESS	516 S. PLUMOSA AVENUE, #22	
CITY - ST - ZIP	MERRITT ISLAND FL 32952	
TITLE	ADP	<input type="checkbox"/> DELETE
NAME	PARK, RONALD G SR.	
STREET ADDRESS	2623 HORSESHOE CT	
CITY - ST - ZIP	COCOA FL 32926	
TITLE	Sec. Tre.	<input type="checkbox"/> DELETE
NAME	PARK, BARBARA J	
STREET ADDRESS	2623 HORSESHOE CT	
CITY - ST - ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ronald G. Park
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald G. Park sr
6/24/96
(407) 452-4058
Last Known Phone #

CR2E034 (3/96)