

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 11 1997 8:00am  
Secretary of State

DOCUMENT # P96000046745 (1)

1. Corporation Name  
**SOLUTIONS FOR FAMILIES, INC.**

Principal Place of Business  
**1106 SE 41 ST  
CAPE CORAL FL 33905**

Mailing Address  
**1106 SE 41 ST  
CAPE CORAL FL 33904-5127**



2. Principal Place of Business

2a. Mailing Address

21 **3717 Del Prado Blvd.**

26 **3717 Del Prado Blvd.**

22 Suite, Apt. #, etc.  
**Suite 1**

27 Suite, Apt. #, etc.  
**Suite 1**

23 City & State  
**Cape Coral, FL**

28 City & State  
**Cape Coral, FL**

24 Zip  
**33904**

Country

29 Zip  
**33904**

Country

3. Date Incorporated or Qualified  
**05/24/1996**

3a. Date of Last Report

4. FEI Number  
**65-0665250**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUDA, SUSAN  
1106 SE 41 ST  
CAPE CORAL FL 33905**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President** ☐ DELETE  
NAME **Christine Holmes**  
STREET ADDRESS **5919 Untermeyer Ct.**  
CITY-STATE-ZIP **N. Ft. Myers, FL 33903**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE **Vice-President** ☐ DELETE  
NAME **Donna Fagan**  
STREET ADDRESS **123 Stetson**  
CITY-STATE-ZIP **Lehigh Acres, FL 33936**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE **Secretary** ☐ DELETE  
NAME **Linda J. Termont**  
STREET ADDRESS **1799 Marlyn Rd.**  
CITY-STATE-ZIP **Ft. Myers, FL 33901**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE **Treasurer** ☐ DELETE  
NAME **Susan Duda**  
STREET ADDRESS **1106 S.E. 41 St.**  
CITY-STATE-ZIP **Cape Coral, FL 33904**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan Duda* **Susan Duda**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 (941) 540-9007

Date

Daytime Phone #

0397744

CR2E034 (9/96)