


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

FILED

Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000098417 (4)

1. Corporation Name

FAMILY ASSISTANCE NETWORK OF DELAND, FLORIDA, INC.

Principal Place of Business

101 CORSAIR DRIVE  
DAYTONA BEACH FL 32114

Mailing Address

P O BOX 290849  
PORT ORANGE FL 32129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1996

2. Principal Place of Business

2a. Mailing Address

21 515 Canal Street

26 47 South Palm Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 Suite 212

23 New Smyrna Beach, FL

28 Sarasota, FL

24 Zip

25 Country

29 Zip

30 Country

32168

USA

34236

USA

4. FEI Number

59-3424976

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

g. Name and Address of Current Registered Agent

WINTERS, WILLIAM C  
101 CORSAIR DRIVE  
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name JEFFREY DAVIS WYKE

82 Street Address (P.O. Box Number is Not Acceptable)  
6101 34th St. W. # 29G

83

84 City Bradenton

FL

85 Zip Code 34210

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



JEFFREY DAVIS WYKE

President/owner

1/12/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME WINTERS, WILLIAM C  
STREET ADDRESS P O BOX 290849 N/A  
CITY-ST-ZIP PORT ORANGE FL 32129

TITLE D ☒ DELETE  
NAME WINTERS, SHARON K  
STREET ADDRESS P O BOX 290849 N/A  
CITY-ST-ZIP PORT ORANGE FL 32129

TITLE D ☒ DELETE  
NAME CLARK, JOY L  
STREET ADDRESS 184 GIBSON WAY  
CITY-ST-ZIP PORT ORANGE FL 32119

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME JEFFREY DAVIS WYKE  
1.3 STREET ADDRESS 6101 34th St. W. # 29G  
1.4 CITY-ST-ZIP BRADENTON, FL 34210

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  JEFFREY DAVIS WYKE 1/12/98 941-953-4747

CR2E034 (10/97)