

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
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # **P96000098563 (5)**

1. Corporation Name

**FAMILY ASSISTANCE NETWORK OF TITUSVILLE, FLORIDA
, INC.**

Principal Place of Business

**101 CORSAIR DR
DAYTONA BEACH FL 32114**

Mailing Address

**P O BOX 290849
PORT ORANGE FL 32129-0849**



3. Date Incorporated or Qualified

12/05/1996

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Zip

Country

29 Zip

Country

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

**WINTERS, WILLIAM C
101 CORSAIR DR
DAYTONA BEACH FL 32114**

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 ☐ DELETE

**D
WINTERS, WILLIAM C
P O BOX 290849 N/A
PORT ORANGE FL 32129**

TITLE ☐ DELETE

**D
WINTERS, SHARON K
P O BOX 290849 N/A
PORT ORANGE FL 32129**

TITLE ☐ DELETE

**D
CLARK, JOY L
184 GIBSON WAY
PORT ORANGE FL 32119**

TITLE ☐ DELETE

**D
CLARK, JOY L
184 GIBSON WAY
PORT ORANGE FL 32119**

TITLE ☐ DELETE

**D
CLARK, JOY L
184 GIBSON WAY
PORT ORANGE FL 32119**

TITLE ☐ DELETE

**D
CLARK, JOY L
184 GIBSON WAY
PORT ORANGE FL 32119**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

N/A

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

N/A

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

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME
7.3 STREET ADDRESS
7.4 CITY - ST - ZIP

8.1 TITLE ☐ Change ☐ Addition

8.2 NAME
8.3 STREET ADDRESS
8.4 CITY - ST - ZIP

**000002088629
-02/17/97--01006--044
***165.00**

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:

William C. Winters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM C. WINTERS

2/7/97

Date

(904) 239-0719

Daytime Phone # **0000496**

CR2E034 (9/96)