

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11025

**Entity Name:** FRIENDS OF CHILDREN AND FAMILIES, INC.**Current Principal Place of Business:**11875 HIGH TECH AVE  
SUITE 200  
ORLANDO, FL 32817**Current Mailing Address:**11875 HIGH TECH AVE  
SUITE 200  
ORLANDO, FL 32817 US**FEI Number:** 59-2735429**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEALS, RONALD C  
6330 WESTCOTT COVE BLVD  
ORLANDO, FL 32829 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	DELGADO, HIRAM
Address	11875 HIGH TECH AVE. STE. 200
City-State-Zip:	ORLANDO FL 32817

Title	D
Name	TAYLOR, DESMOND
Address	11875 HIGH TECH AVE. STE. 200
City-State-Zip:	ORLANDO FL 32817

Title	DC
Name	SEALS, RONALD C
Address	6330 WESTCOTT COVE BLVD
City-State-Zip:	ORLANDO FL 32829

Title	D
Name	BARRY, LASH
Address	11875 HIGH TECH AVENUE, SUITE 200
City-State-Zip:	ORLANDO FL 32817

Title	D
Name	KEMP, JULIAN
Address	11875 HIGH TECH AVENUE, SUITE 200
City-State-Zip:	ORLAND FL 32817

Title	D
Name	MCGUFFIN, SUZI
Address	11875 HIGH TECH AVE STE. 200
City-State-Zip:	ORLANDO FL 32828

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DESMOND TAYLOR**EXECUTIVE DIRECTOR****04/29/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date