

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**  
MAY -1 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N41555 (6)**

1. Corporation Name  
**FLORIDA FAMILY COUNCIL, INC.**

Principal Place of Business Mailing Address  
**101 E. KENNEDY BLVD.  
SUITE 3120  
TAMPA FL 33602  
US** **P.O. BOX 2882  
TAMPA FL 33601**

DO NOT WRITE IN THIS SPACE

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 25 29 30

3. Date Incorporated or Qualified **01/08/1991** 3a. Date of Last Report **04/27/1994**  
4. FEI Number **59-3043408** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MERRILL, MARK W.  
101 E. KENNEDY BLVD., SUITE 3120  
~~ATTN: MARK W. MERRILL~~  
TAMPA FL 33602**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CAHILL, STEVE</b>
STREET ADDRESS	<b>418 SPRING VALLEY LANE</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>MERRILL, MARK W.</b>
STREET ADDRESS	<b>101 E. KENNEDY BLVD.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>CARPENTER, RITSY</b>
STREET ADDRESS	<b>825 SEVILLE PL</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>HALL, WYNTON</b>
STREET ADDRESS	<b>3624 BARCELONA ST.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>MORRIS, LORRAINE</b>
STREET ADDRESS	<b>1600 PONCE DE LEON</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b>
NAME	<b>CARMICHAEL, MICHAEL</b>
STREET ADDRESS	<b>1511 S.W. FIRST AVE.</b>
CITY - ST - ZIP	<b>OCALA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Delete</b>
13 STREET ADDRESS	<b>Delete</b>
14 CITY - ST - ZIP	<b>Delete</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>101 E. Kennedy Blvd., Suite 3120</b>
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	<b>DELETE</b>
53 STREET ADDRESS	<b>DELETE</b>
54 CITY - ST - ZIP	<b>DELETE</b>
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 110.07(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 trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Florida Family Council, Inc.*  
*Mark W. Merrill, At its President* **5/1/95** **(813) 222-9300**

N4/555

**Florida Family Council, Inc.**

**Block #12 (Continued)**

7.1 Title D  
7.2 Name Charles I. Babcock, III  
7.3 Street Address 2914 Elysium Way  
7.4 City-State-Zip Clearwater, FL

8.1 Title D  
8.2 Name S. Cary Gaylord  
8.3 Street Address 900 Lorena Road  
8.4 City-State-Zip Lutz, FL

9.1 Title D  
9.2 Name Richard E. Hasty  
9.3 Street Address 19211 Golf Crest Terrace  
9.4 City-State-Zip Tampa, FL

10.1 Title D  
10.2 Name Paul May  
10.3 Street Address 1025 Ponce De Leon Drive  
10.4 City-State-Zip Ft. Lauderdale, FL

11.1 Title D  
11.2 Name Ann Riley  
11.3 Street Address 2404 Sedgwick Place  
11.4 City-State-Zip Jacksonville, FL

12.1 Title D  
12.2 Name Bryant B. Skinner, Jr.  
12.3 Street Address 565 Black Ironwood Drive  
12.4 City-State-Zip Deland, FL

13.1 Title D  
13.2 Name David B. Westrate  
13.3 Street Address 6511 Bayou Grande Boulevard  
13.4 City-State-Zip St. Petersburg, FL

**Block #13 (Continued)**

9.1 Title Delete  
9.2 Name Delete  
9.3 Street Address Delete  
9.4 City-State-Zip Delete