

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N41555 (6)**
1. Corporation Name
FLORIDA FAMILY COUNCIL, INC.



Principal Place of Business
**101 E. KENNEDY BLVD.
~~SUITE 0120~~
TAMPA FL 33602
US**

Mailing Address
**P.O. BOX 2882
TAMPA FL 33601**

3. Date Incorporated or Qualified
01/08/1991

3a. Date of Last Report
05/01/1995

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**

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

2. Principal Place of Business
21 (Change of Suite # Only) 26

Suite, Apt. #, etc.
22 Suite 1070

City & State
23

Zip
24

Country
25

2a. Mailing Address
27

Suite, Apt. #, etc.
28

City & State
29

Zip
30

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERRILL, MARK W.
101 E. KENNEDY BLVD., SUITE 0120
ATTN: MARK W. MERRILL
TAMPA FL 33602**

81 Name
**82 Street Address (P.O. Box Number is Not Acceptable)
(Change of Suite # Only)**

83 Suite 1070

84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MERRILL, MARK W.	
STREET ADDRESS	101 E KENNEDY BLVD., STE 3120	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARPENTER, RITSY	
STREET ADDRESS	825 SEVILLE PL	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, WYNTON	
STREET ADDRESS	3024 BARCELONA ST.	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARMICHAEL, MICHAEL	
STREET ADDRESS	1511 S.W. FIRST AVE.	
CITY - ST - ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

(See Attached Exhibit "A")

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	101 E. Kennedy Blvd., Suite 1070
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	700001798557
4.3 STREET ADDRESS	-04/29/96--01043--026
4.4 CITY - ST - ZIP	***61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

(See Attached Exhibit "A")

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 119.07(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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Florida Family Council, Inc.

SIGNATURE: By: *Mark W. Merrill* 4/25/96 813-222-8300
President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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Exhibit "A"

Florida Family Council, Inc.

Block #12 (Continued)

5.1 Title D
5.2 Name Charles I. Babcock III
5.3 Street Address 2914 Elysium Way
5.4 City-State-Zip Clearwater, FL 34619

Block #13 (Continued)

ADDITION:

6.1 Title D
6.2 Name Joyce D. Cunningham
6.3 Street Address 251 Rippling Lane
6.4 City-State-Zip Winter Park, FL 32789

7.1 Title D
7.2 Name S. Cary Gaylord
7.3 Street Address 900 Lorena Road
7.4 City-State-Zip Lutz, FL 33549

8.1 Title D
8.2 Name Paul M. May
8.3 Street Address 1025 Ponce De Leon Drive
8.4 City-State-Zip Ft. Lauderdale

9.1 Title D
9.2 Name Ann Riley
9.3 Street Address 2404 Sedgwick Place
9.4 City-State-Zip Jacksonville, FL 32217

10.1 Title D
10.2 Name Bryant B. Skinner, Jr.
10.3 Street Address 565 Black Ironwood Drive
10.4 City-State-Zip Deland, FL 32724

11.1 Title D
11.2 Name David B. Westrate
11.3 Street Address 6511 Bayou Grande Boulevard
11.4 City-State-Zip St. Petersburg, FL 33702-4723