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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41555 (6)
 1. Corporation Name
FLORIDA FAMILY COUNCIL, INC.



Principal Place of Business	Mailing Address
101 E. KENNEDY BLVD. SUITE 1070 TAMPA FL 33602 US	P.O. BOX 2882 TAMPA FL 33601-2882

3. Date Incorporated or Qualified 01/08/1991	3a. Date of Last Report 04/27/1996
4. FEI Number 59-3043408	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
MERRILL, MARK W.
101 E. KENNEDY BLVD., SUITE 1070
ATTN: MARK W. MERRILL
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRILL, MARK W.	1.2 NAME	P/T/S/D
STREET ADDRESS	101 E KENNEDY BLVD., STE 1070	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, RITSY	2.2 NAME	
STREET ADDRESS	625 SEVILLE PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMICHAEL, MICHAEL	3.2 NAME	
STREET ADDRESS	1511 S.W. FIRST AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

(See Attached Exhibit "A")

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: By: *[Signature]* **FLORIDA FAMILY COUNCIL, INC.**
 4/2/97 813-222-8300

CR2E037 (9/96)

Exhibit "A"

Florida Family Council, Inc.

Block #12 (Continued)

4.1 Title D
4.2 Name Charles I. Babcock III
4.3 Street Address 2914 Elysium Way
4.4 City-State-Zip Clearwater, FL 34619

5.1 Title D
5.2 Name Joyce D. Cunningham
5.3 Street Address 251 Rippling Lane
5.4 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 33316

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

DELETION:

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

Block #13 (Continued)

ADDITION:

6.1 Title D
6.2 Name Armando Flores
6.3 Street Address 4015 Carrollwood Village Drive
6.4 City-State-Zip Tampa, FL 33624

CHANGE (Title):

7.1 Title C/D
7.2 Name
7.3 Street Address
7.4 City-State-Zip

CHANGE (Address):

9.1 Title
9.2 Name
9.3 Street Address 3057 Front Road
9.4 City-State-Zip Jacksonville, FL 32257