

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 101 E. KENNEDY BLVD. SUITE 1070 TAMPA FL 33602 US	Mailing Address P.O. BOX 2882 TAMPA FL 33601
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3. Date Incorporated or Qualified 01/08/1991	
4. FEI Number 59-3043408	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRILL, MARK W.	1.2 NAME	
STREET ADDRESS	101 E KENNEDY BLVD., STE 1070	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, RITSY	2.2 NAME	
STREET ADDRESS	825 SEVILLE PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <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	(See Attached Exhibit "A")	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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NAME		6.2 NAME	
STREET ADDRESS	(See Attached Exhibit "A")	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Mark W. Merrill* **Florida Family Council, Inc.** **4 | 28 | 98 813-222-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047746

CR2E037 (10/97)

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

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

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 3057 Front Road
9.4 City-State-Zip Jacksonville, FL 32257

Block #13 (Continued)

CHANGE (Address):

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

10.1 Title D
10.2 Name Bryant B. Skinner, Jr.
10.3 Street Address 1306 N. Stone Street
10.4 City-State-Zip Deland, FL 32720

Exhibit "A"
Florida Family Council, Inc.
(continued)

Block #13 (Continued)

ADDITION:

11.1 Title	D
11.2 Name	Mary Anne Babcock
11.3 Street Address	2914 Elysium Way
11.4 City-State-Zip	Clearwater, FL 34619

ADDITION:

12.1 Title	D
12.2 Name	Becki Carmichael
12.3 StreetAddress	1815 S.W. First Avenue
12.4 City-State-Zip	Ocala, FL 34474

ADDITION:

13.1 Title	D
13.2 Name	James O. Cunningham
13.3 Street Address	251 Rippling Lane
13.4 City-State-Zip	Winter Park, FL 32789

ADDITION:

14.1 Title	D
14.2 Name	Ann Gaylord
14.3 Street Address	900 Lorena Road
14.4 City-State-Zip	Lutz, FL 33549

ADDITION:

15.1 Title	D
15.2 Name	Lisa May
15.3 Street Address	1025 Ponce De Leon
15.4 City-State-Zip	Ft. Lauderdale, FL 33316

ADDITION:

16.1 Title	D
16.2 Name	Joan Skinner
16.3 Street Address	1306 N. Stone Street
16.4 City-State-Zip	Deland, FL 32720