


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90136 032 \*\*\*\*61.25



NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41555**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/08/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3043408
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MERRILL, MARK W. 101 E. KENNEDY BLVD., SUITE 1070 ATTN: MARK W. MERRILL TAMPA FL 33602		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 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 type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMICHAEL, MICHAEL	2.2 NAME	
STREET ADDRESS	1511 S.W. FIRST AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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 any address, with all other like empowered.

SIGNATURE: *Mark W. Merrill* **Mark W. Merrill** 3/29/99 (813)222-8300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037. (1/1/98)

N4 1555  
401171-90136-32

**Exhibit "A"**  
**Florida Family Council, Inc.**

**Block #12 (Continued)**

- 3.1 Title D
- 3.2 Name Charles I. Babcock, III
- 3.3 Street Address 2914 Elysium Way
- 3.4 City-State-Zip Clearwater, FL 34619
  
- 4.1 Title D
- 4.2 Name Joyce D. Cunningham
- 4.3 Street Address 251 Rippling Lane
- 4.4 City-State-Zip Winter Park, FL 32789
  
- 5.1 Title D
- 5.2 Name Armando Flores
- 5.3 Street Address 4015 Carrollwood Village Dr.
- 5.4 City-State-Zip Tampa, FL 33624
  
- 6.1 Title D
- 6.2 Name S. Cary Gaylord
- 6.3 Street Address 900 Lorena Road
- 6.4 City-State-Zip Lutz, FL 33549
  
- 7.1 Title D
- 7.2 Name Paul M. May
- 7.3 Street Address 1025 Ponce De Leon Drive
- 7.4 City-State-Zip Ft. Lauderdale, FL 33316
  
- 8.1 Title D **DELETE**
- 8.2 Name Ann Riley
- 8.3 Street Address 3057 Front Road
- 8.4 City-State-Zip Jacksonville, FL 32257
  
- 9.1 Title D
- 9.2 Name Bryant B. Skinner, Jr.
- 9.3 Street Address 1306 N. Stone Street
- 9.4 City-State-Zip Deland, FL 32720
  
- 10.1 Title D
- 10.2 Name Mary Anne Babcock
- 10.3 Street Address 2914 Elysium Way
- 10.4 City-State-Zip Clearwater, FL 34619
  
- 11.1 Title D
- 11.2 Name Becki Carmichael
- 11.3 Street Address 1815 S.W. 55th Street Road
- 11.4 City-State-Zip Ocala, FL 34474
  
- 12.1 Title D
- 12.2 Name James O. Cunningham
- 12.3 Street Address 251 Rippling Lane
- 12.4 City-State-Zip Winter Park, FL 32789

**Block #13 (Continued)**

NH1555

401171-90136-32

13.1 Title D  
13.2 Name Ann Gaylord  
13.3 Street Address 900 Lorena Road  
13.4 City-State-Zip Lutz, FL 33549

14.1 Title D  
14.2 Name Lisa May  
14.3 Street Address 1025 Ponce De Leon Drive  
14.4 City-State-Zip Ft. Lauderdale, FL 33316

15.1 Title D  
15.2 Name Joan Skinner  
15.3 Street Address 1306 N. Stone Street  
15.4 City-State-Zip Deland, FL 32720