

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2004  
Secretary of State**

DOCUMENT# N41555

Entity Name: FLORIDA FAMILY COUNCIL, INC.

**Current Principal Place of Business:**

101 E. KENNEDY BLVD.  
SUITE 1070  
TAMPA, FL 33602 US

**New Principal Place of Business:**

609 W. DELEON ST  
TAMPA, FL 33606 US

**Current Mailing Address:**

P.O. BOX 2882  
TAMPA, FL 33601

**New Mailing Address:**

609 W DELEON ST  
TAMPA, FL 33606

FEI Number: 59-3043408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MERRILL, MARK W.  
101 E. KENNEDY BLVD., SUITE 1070  
ATTN: MARK W. MERRILL  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

MERRILL, MARK W.  
609 W. DELEON ST  
TAMPA, FL 33606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_ Date: 03/30/2004  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: MERRILL, MARK W.,  
Address: 101 E KENNEDY BLVD., STE 1070  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: CARMICHAEL, MICHAEL  
Address: 1511 S.W. FIRST AVE.  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: BABCOCK, CHARLES I III  
Address: 2914 ELYSIUM WAY  
City-St-Zip: CLEARWATER, FL 34619

Title: D ( ) Delete  
Name: BABCOCK, MARY ANNE  
Address: 2914 ELYSIUM WAY  
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete  
Name: FLORES, ARMANDO  
Address: 4015 CARROLLWOOD VILLAGE DR  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: GAYLORD, S C  
Address: 900 LORENA RD  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: MERRILL, MARK W.,  
Address: 609 W DELEON ST.  
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK W MERRILL      PTSD      03/30/2004  
Electronic Signature of Signing Officer or Director      Date

SYLVIA SPENCER  
13840 ADMIRALS BEND DR  
JACKSONVILLE, FL 32225

KENDALL L. SPENCER  
13840 ADMIRALS BEND DR  
JACKSONVILLE, FL 32225

JOAN P. SKINNER, DIRECTOR  
1306 N STONE ST  
DELAND, FL 32720

BRYANT SKINNER, DIRECTOR  
1306 N STONE ST  
DELAND, FL 32720

BECKI CARMICHAEL, DIRECTOR  
115 S.W. FIRST AVE  
OCALA, FL 34474

ROSE CAHILL, DIRECTOR  
2667 LAKE SHORE DR  
ORLANDO, FL 32803

ANN GAYLORD, DIRECTOR  
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