

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41555

FILED  
May 11, 2006  
Secretary of State

Entity Name: FLORIDA FAMILY COUNCIL, INC.

**Current Principal Place of Business:**

609 W. DELEON ST  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

609 W DELEON ST  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 59-3043408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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: ( ) 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:

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 Chapter 119, 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

Electronic Signature of Signing Officer or Director

PSTD

05/11/2006

\_\_\_\_\_ Date