

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003585 (6)**

1. Corporation Name  
**FLORIDA'S AMERICAN FAMILY ASSOCIATION, INC.**

Principal Place of Business: **1511-K E. FOWLER AVENUE TAMPA FL 33612**  
Mailing Address: **P.O. BOX 82722 TAMPA FL 33682**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/18/1994**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **59-3283890**  
Applied For:  Not Applicable:   
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**CATON, DAVID E  
1511-K E. FOWLER AVENUE  
TAMPA FL 33612**

10. Name and Address of New Registered Agent (81-85)  
81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signatures typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------|---|---|
| TITLE                      | <b>PTD</b>                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CATON, DAVID E</b>         | 1.2 NAME  |   |
| STREET ADDRESS             | <b>9505 LARKBUNTING DRIVE</b> | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>TAMPA FL 33647</b>         | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>D</b>                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LOUGHRIE, SANDRA L</b>     | 2.2 NAME  |   |
| STREET ADDRESS             | <b>634 RIVIERA DRIVE</b>      | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>TAMPA FL 33606</b>         | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>SD</b>                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCAULIFFE, JOSEPH R</b>    | 3.2 NAME  |   |
| STREET ADDRESS             | <b>4405 ENDICOTT</b>          | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>TAMPA FL 33624</b>         | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                               | 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                      |                               | 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                      |                               | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *David E. Caton* **David E. Caton, President**  
Date: **3-18-95** Telephone: **813-971-4622**