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**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90135 032 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

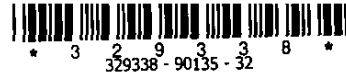
**DOCUMENT # N94000003585**

1. Corporation Name

FLORIDA FAMILY ASSOCIATION, INC.

Principal Place of Business  
 1511-K E. FOWLER AVENUE  
 TAMPA FL 33612

Mailing Address  
 P.O. BOX 82722  
 TAMPA FL 33682



2. Principal Place of Business

21 **12104 Shady Forest Drive**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
**07/18/1994**

4. FEI Number  
**59-3283890**

Applied For  
 Not Applicable

22 City & State

23 **Riverview FL**

27 City & State

28

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24 Zip **33569** 25 Country **USA**

29 Zip Country 30

6. Election Campaign Financing   
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

BUCKLES, CHRISTINA  
 12104 SHADY FOREST DR.  
 TAMPA FL 33569

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **PTD CATON, DAVID E**  
 STREET ADDRESS ~~9505 LARKBUNTING DRIVE~~  
 CITY-ST-ZIP ~~TAMPA FL 33647~~

TITLE  DELETE  
 NAME **SD LOUGHRIE, SANDRA L**  
 STREET ADDRESS **634 RIVIERA DRIVE**  
 CITY-ST-ZIP **TAMPA FL**

TITLE  DELETE  
 NAME **D GARRETT, ROBERT**  
 STREET ADDRESS **1702 SW 11TH AVE**  
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS **2407 SW 46th Street**  
 1.4 CITY-ST-ZIP **Cape Coral, FL 33914**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE:

*David E. Caton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-99 813-264-5888**  
 Date Daytime Phone #

CR2E037 (11/98)