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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N94000003585

1. Corporation Name

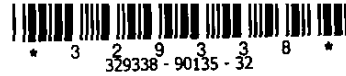
FLORIDA FAMILY ASSOCIATION, INC.

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

25 **33569**

Country

25 **USA**

29 Zip

29

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 **0505 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)