

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N 94000003585
1. Corporation Name
Florida Family Association, Inc.

Principal Place of Business Mailing Address
12104 Shady Forest Drive Riverview, FL 33569
PO Box 82722 Tampa, FL 33682

6-1-99 90009 025 61.25

21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For		5. Certificate of Status Desired		6. Election Campaign Financing		Trust Fund Contribution	
21 12104 Shady Forest Dr		26		07/18/1994		59-3283890		Not Applicable		<input type="checkbox"/>		<input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		23 Riverview FL		28		24 33569		25 USA		29		30	
City & State		City & State		Zip		Country		Zip		Country		Zip		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Christina Buckles 12104 Shady forest Dr. Riverview, FL 33569				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 _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1999			
DAVID E CATON 2407 SW 46th ST. CAPE CORAL, FL 33914				Robert Riggs 2844 Tanglewood Drive Wesley Chapel, FL 33543			
SD SANDRA L. LOUGHRIE 634 RIVIERA DR TAMPA, FL							
D Garrett, Robert 1702 SW 11th Ave Cape, FL 33991							

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 as an attachment with an address, with all other like empowered.

SIGNATURE: David Caton 5-26-99 1-813-264-5888

CR2E037 (11/98)

AD