

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED
 1999 SEP 40 PM 12:36
 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 27 11/19/94		59-3283890		Not Applicable		Not Applicable		Not Applicable		Not Applicable		Not Applicable	
22 Suite, Apt. #, etc		27 Suite, Apt. #, etc		59-3283890		Not Applicable		Not Applicable		Not Applicable		Not Applicable		Not Applicable	
23 City & State		28 City & State		59-3283890		Not Applicable		Not Applicable		Not Applicable		Not Applicable		Not Applicable	
24 Zip		29 Zip		59-3283890		Not Applicable		Not Applicable		Not Applicable		Not Applicable		Not Applicable	
33569		USA		59-3283890		Not Applicable		Not Applicable		Not Applicable		Not Applicable		Not Applicable	

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

10. Name and Address of New Registered Agent

81	82	83	84	85
Name	Street Address (P.O. Box Number is Not Acceptable)		City	Zip Code
			FL	

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1999	
TITLE	NAME	1.1 TITLE	1.2 NAME
PTD	DAVID E CATON		Robert Riggs
STREET ADDRESS	2407 SW 46th ST.	1.3 STREET ADDRESS	2844 Tanglewood Drive
CITY-ST-ZIP	CAPE CORAL, FL. 33914	1.4 CITY-ST-ZIP	Wesley Chapel, FL 33543
TITLE	NAME	2.1 TITLE	2.2 NAME
SD	SANDRA L. LOUGHRIE		
STREET ADDRESS	634 RIVIERA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL.	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
D	Garrett, Robert		
STREET ADDRESS	1702 SW 11th Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Cape, FL 33991	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address, with all other like empowered.

SIGNATURE: David Caton 5-26-99 1-813-264-5888
 SIGNATURE, TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytona Phone #

CR2E037 (11/98)

AD