

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90322 026 ****61.25

DOCUMENT # **N94000003585**
 1. Entity Name
Florida Family Association, Inc. ✓

Principal Place of Business Mailing Address
623 Superior Ave. **623 Superior Ave.**
Tampa, FL 33606 **Tampa, FL 33606**

2. Principal Place of Business 3. Mailing Address
4020 Del Prado Blvd. S. **P.O. Box 100040**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
B-3

City & State City & State
Cape Coral **Cape Coral**
 Zip Country Zip Country
33904 **Lee** **33910** **Lee**

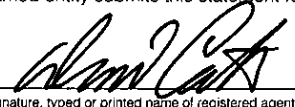
4. FEI Number Applied For
59-3282890 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00024975

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Sandra Loughrie
623 Superior Avenue
Tampa, FL 33606

7. Name and Address of New Registered Agent
 Name **David Caton**
 Street Address (P.O. Box Number is Not Acceptable) **4020 Del Prado Blvd. South**
Suite B-3
 City **Cape Coral** FL Zip Code **33904**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE  **David Caton** **03-06-01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE NAME | David Caton P,T,D <input type="checkbox"/> Delete |
| STREET ADDRESS | 2407 SW 46th St |
| CITY-ST-ZIP | Cape Coral FL 33914 |
| TITLE NAME | Sandra Loughrie S,D <input type="checkbox"/> Delete |
| STREET ADDRESS | 623 Superior Ave. |
| CITY-ST-ZIP | Tampa, FL 33606 |
| TITLE NAME | Robert Riggs D <input type="checkbox"/> Delete |
| STREET ADDRESS | 18444 Tanglewood Drive |
| CITY-ST-ZIP | Wesley Chapel FL 33543 |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **David Caton, President** **03-06-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/00)