

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003585

FILED
Apr 27, 2005
Secretary of State

Entity Name: FLORIDA FAMILY ASSOCIATION, INC.

Current Principal Place of Business:

11207 NORTH 56TH ST, STE 2
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 46547
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-3283890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATON, DAVID
11207 NORTH 56TH STREET, STE 2
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: LOUGHRIE, SANDRA L
Address: 623 SUPERIOR AVE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: RIGGS, ROBERT
Address: 18444 TANGLEWOOD DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: TD () Delete
Name: CATON, DAVID E
Address: 10020 OXFORD CHAPEL DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: LOUGHRIE, SANDRA L
Address: 481 WEST DAVIS BLVD
City-St-Zip: TAMPA, FL 33606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CATON

D

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date