

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2006  
Secretary of State**

DOCUMENT# N94000003585

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: 481 WEST DAVIS BLVD  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: PTD (X) Change ( ) Addition  
Name: CATON, DAVID E  
Address: 10020 OXFORD CHAPEL DRIVE  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PTD

04/25/2006

\_\_\_\_\_  
Date