

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003585

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** FLORIDA FAMILY ASSOCIATION, INC.

**Current Principal Place of Business:**

1018 SE 38TH STREET #102  
CAPE CORAL, FL 33904 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  
1018 SE 38TH STREET #102  
CAPE CORAL, FL 33904 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  
Name: LOUGHRIE, SANDRA L  
Address: 481 WEST DAVIS BLVD  
City-St-Zip: TAMPA, FL 33606

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

Title: PTD  
Name: CATON, DAVID E  
Address: 1018 SE 38TH STREET #102  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: DAVID CATON

P

04/20/2011

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

\_\_\_\_\_  
Date