

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90120 010 \*\*\*\*61.25

UNRECORDED

**DOCUMENT # N94000003585**

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



Principal Place of Business  
**12108 NORTH 56TH STREET  
SUITE 1  
TAMPA FL 33904  
US**

Mailing Address  
**P. O. BOX 46547  
TAMPA FL 33647  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-3283890** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**CATON, DAVID  
12108 NORTH 56TH STREET  
SUITE 1  
TAMPA FL 33617**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>LOUGHRIE, SANDRA L</b>	
STREET ADDRESS	<b>623 SUPERIOR AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIGGS, ROBERT</b>	
STREET ADDRESS	<b>18444 TANGLEWOOD DRIVE</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33543</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CATON, DAVID E</b>	
STREET ADDRESS	<b>10020 OXFORD CHAPEL DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33647</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 E. Caton* **David E. Caton, Pres. Director 4-11-03 813-264-5888**

CR2E037 (10/02)