

N94000003585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500022522165

08/25/03--01034--005 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 AUG 25 AM 11:54

FILED

8/28  
11:11:11



# FLORIDA FAMILY ASSOCIATION

---

P.O. Box 46547 • Tampa, FL 33647-0105  
Toll Free 1-800-357-7128 • Fax 813-264-0658

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

August 20, 2003

Please be advised that Florida Family Association, Inc. moved  
from its office location at 12108 North 56<sup>th</sup> Street, Suite 1, Tampa, FL 33617  
to the NEW OFFICE located at 11207 North 56<sup>th</sup> Street, Suite 2, Tampa, FL 33617.

Our mailing post office box and phone number have NOT changed.

Enclosed is a transmittal letter reflecting the same address change for the registered agent.

Sincerely,

David Caton  
Director

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Family Association, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** N94000003505

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Caton  
(Name of person)

Florida Family Association, Inc  
(Name of firm/company)

11207 North 56<sup>th</sup> Street, Suite Z  
(Address)

Tampa FL 33617  
(City/state and zip code)

For further information concerning this matter, please call:

David Caton at (800) 357-7128  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
this statement of change is submitted for a corporation organized under the laws of the State of  
Florida in order to change its registered office or registered agent, or both, in the State  
of Florida.

1. The name of the corporation: Florida Family Association, Inc.
2. The principal office address: 11207 North 56<sup>th</sup> Street, Suite 2 New  
Address  
Tampa, FL 33617
3. The mailing address (if different): PO Box 46547  
Tampa FL 336
4. Date of incorporation/qualification: July 18, 1994 Document number: N94000003585
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

David Caton  
12108 N. 56<sup>th</sup> Street, Suite 1  
Tampa FL 33617

6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):

David Caton  
11207 North 56<sup>th</sup> Street, Suite 2  
(P.O. Box or personal mailbox NOT acceptable)  
Tampa, FL 33617

The street address of its registered office and the street address of the business office of its registered  
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

David Caton, Director/Treasurer  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity,  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

8-20-03  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
03 AUG 25 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA