

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002474

**Entity Name:** FULLER INSTITUTE OF FAMILY PRESERVATION, INC.

**Current Principal Place of Business:**

426 ALEXANDRIA PLACE  
APOPKA, FL 32712

**Current Mailing Address:**

426 ALEXANDRIA PLACE  
APOPKA, FL 32712

**FEI Number:** 26-4403633

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FULLER, HAROLD  
426 ALEXANDRIA PLACE  
APOPKA, FL 32712 US

*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

**Officer/Director Detail :**

Title P  
Name FULLER, HAROLD  
Address 426 ALEXANDRIA PLACE  
City-State-Zip: APOPKA FL 32712

Title D  
Name BROOKS, WILLIAM J III  
Address 1608 FOX GLEN CT.  
City-State-Zip: WINTER SPRINGS FL 32708

Title D  
Name BROOKS, TIFFANY M  
Address 1608 FOX GLEN CT.  
City-State-Zip: WINTER SPRINGS FL 32708

Title D  
Name FULLER, GLORIA J  
Address 426 ALEXANDRIA PLACE  
City-State-Zip: APOPKA FL 32712

Title D  
Name FULLER, ADRIENNE A  
Address 426 ALEXANDRIA PLACE DRIVE  
City-State-Zip: APOPKA FL 32712

*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:** HAROLD FULLER

**PRESIDENT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date