

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005492

**FILED**  
**Jan 22, 2021**  
**Secretary of State**  
**0829811442CC**

**Entity Name:** FAMILY INTEGRITY TRAINING INC.

**Current Principal Place of Business:**

3855 PRO AM AVE E  
BRADENTON, FL 34203

**Current Mailing Address:**

3855 PRO AM AVE E  
BRADENTON, FL 34203 US

**FEI Number:** 80-0420132

**Certificate of Status Desired:** No

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

PRATT, DONALD L  
3855 PRO AM AVE E  
BRADENTON, FL 34203 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 PD  
Name PRATT, DONALD  
Address 4211 55TH AVE. DR. EAST  
City-State-Zip: BRADENTON FL 34203

Title TREASURER  
Name DEMOUEY, FRED  
Address 5421 REBECCA LANE  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR  
Name CAMPBELL, HELEN  
Address 678 LORIMORE PASS  
City-State-Zip: CANTON GA 30115

Title DIRECTOR  
Name SHATTERLY, BEVERLY  
Address 6067 ANCHOR VILLAGE LANE, PO BOX 10084  
City-State-Zip: SOUTH PORT NC 24861

Title DIRECTOR  
Name WHITE, ED  
Address 4059 WREN AVE  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR  
Name PRESHA, GENEVA  
Address 2110 2ND AVE E  
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR  
Name JOHNSICK, JOSEPH  
Address 235 HIDDEN OAK WAY  
City-State-Zip: MANCHESTER NH 03102

Title SECRETARY  
Name SHEEHAN, JOSEPH  
Address 8462 SALT GRASS DRIVE WEST #165  
City-State-Zip: PENSACOLA FL 32526

**Continues on page 2**

*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: DONALD L PRATT**

**PRESIDENT**

**01/22/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WOODS, JOHN  
Address 5449 TURBINE WAY  
City-State-Zip: PACE FL 32571

Title DIRECTOR  
Name HODDER, NORINE  
Address 8024 RIDGEGREEN DR  
City-State-Zip: LAKELAND FL 33809-0809

Title VP  
Name JOHN, RINGLEB  
Address 359 NORTH FORK DRIVE  
City-State-Zip: LAKELAND FL 33809-1424

Title DIRECTOR  
Name YULEE, JACQUELINE  
Address 10909 BRANDON CHASE DR  
City-State-Zip: JACKSONVILLE FL 32219