

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005492

FILED
Jan 20, 2020
Secretary of State
8336017484CC

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 CARTER, DON
Address 5024 37TH STREET EAST
City-State-Zip: BRADENTON FL 34203

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

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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

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name SAMUEL, COTTO
Address 4180 CR 181
City-State-Zip: WILDWOOD FL 34785

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

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

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