#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41555

Entity Name: FAMILY FIRST, INC.

FILED
Jan 19, 2023
Secretary of State
1542184804CC

# **Current Principal Place of Business:**

5509 W GRAY STREET SUITE 100 TAMPA FL 33609

## **Current Mailing Address:**

5509 W GRAY STREET SUITE 100 TAMPA, FL 33609 US

FEI Number: 59-3043408 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

MERRILL, MARK W. 5509 W GRAY STREET SUITE 100 TAMPA, FL 33609 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 PTSD Title D

NameMERRILL, MARK W.NameCARMICHAEL, MICHAELAddress5509 W GRAY STREETAddress1511 S.W. FIRST AVE.

SUITE100

City-State-Zip: TAMPA FL 33609

Title DIRECTOR

OCALA FL 34474

City-State-Zip:

Title D Name JOHNSON, MARK L

 Name
 GAYLORD, S C
 Address
 607 RIVERCREST DRIVE

 Address
 900 LORENA RD
 City-State-Zip:
 FORT WORTH TX 76107

City-State-Zip: LUTZ FL 33549

Title DIRECTOR

Name GAYLORD, ANN

 Name
 CARMICHAEL, BECKI
 Address
 900 LORENA RD

 Address
 910 SANTEE DR
 City-State-Zip:
 LUTZ FL 33548

City-State-Zip: FLORENCE SC 29501

Title DIRECTOR

Title DIRECTOR Name SKINNER, JOAN

NameSKINNER, BRYANTAddress1306 N STONE STREETAddress1306 N STONE STREETCity-State-Zip:DELAND FL 32720

City-State-Zip: DELAND FL 32720

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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: BARBARA HALL

OFFICE/ACCOUNTING

01/19/2023

MANAGER

### Officer/Director Detail Continued:

Name

DIRECTOR Title Title **DIRECTOR** 

SPENCER, KENDALL SPENCER, SYLVIA Name Name

Address 13840 ADMIRALS BEND DR Address 13840 ADMIRALS BEND DR City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: JACKSONVILLE FL 32225

Title CHIEF MARKETING & PROGRAM Title **DIRECTOR** 

**OFFICER** JOHNSON, CHRISTINA Name

MERRILL, SUSAN B 2104 CANTERBURY DR Address Address 3101 OAKLYN AVE City-State-Zip: FORT WORTH TX 76107 City-State-Zip: TAMPA FL 33609

Title **DIRECTOR** Title **DIRECTOR** CAHILL, CHAD

Name CAHILL, BRIDGETTE Name 455 PLUMHOLLOW LANE Address Address 455 PLUMHOLLOW LANE

City-State-Zip: MAITLAND FL 32789 City-State-Zip: MAITLAND FL 32789

Title DIRECTOR Title DIRECTOR Name SMITH, PORTER

Name SMITH, SUSAN Address 9 AMBLESIDE DRIVE Address 9 AMBLESIDE DRIVE City-State-Zip: BELLAIR FL 33756

**DIRECTOR** Title Title **DIRECTOR** 

Name WEATHERFORD, ANDERW Name WEATHERFORD, MORGAN Address 3323 W SEVILLA CIRCLE Address 3323 W SEVILLA CIRCLE

City-State-Zip:

BELLAIR FL 33756

City-State-Zip: TAMPA FL 33629 City-State-Zip: TAMPA FL 33629