

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41555

FILED
Mar 19, 2018
Secretary of State
CC5868026213

Entity Name: FAMILY FIRST, INC.

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
Name MERRILL, MARK W.
Address 5509 W GRAY STREET
SUITE100
City-State-Zip: TAMPA FL 33609

Title D
Name CARMICHAEL, MICHAEL
Address 1511 S.W. FIRST AVE.
City-State-Zip: OCALA FL 34474

Title D
Name BABCOCK, CHARLES IIII
Address 2914 ELYSIUM WAY
City-State-Zip: CLEARWATER FL 34619

Title D
Name BABCOCK, MARY ANNE
Address 2914 ELYSIUM WAY
City-State-Zip: CLEARWATER FL 33759

Title D
Name GAYLORD, S C
Address 900 LORENA RD
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name JOHNSON, MARK L
Address 607 RIVERCREST DRIVE
City-State-Zip: FORT WORTH TX 76107

Title DIRECTOR
Name CAHILL, STEPHEN
Address 2667 LAKE SHORE DR
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name CAHILL, ROSE
Address 2667 LAKE SHORE DR
City-State-Zip: ORLANOD FL 32803

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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: MARK W MERRILL

PRESIDENT

03/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CARMICHAEL, BECKI
Address 910 SANTEE DR
City-State-Zip: FLORENCE SC 29501

Title DIRECTOR
Name SKINNER, BRYANT
Address 1306 N STONE STREET
City-State-Zip: DELAND FL 32720

Title DIRECTOR
Name SPENCER, KENDALL
Address 13840 ADMIRALS BEND DR
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name JOHNSON, CHRISTINA
Address 2104 CANTERBURY DR
City-State-Zip: FORT WORTH TX 76107

Title DIRECTOR
Name GAYLORD, ANN
Address 900 LORENA RD
City-State-Zip: LUTZ FL 33548

Title DIRECTOR
Name SKINNER, JOAN
Address 1306 N STONE STREET
City-State-Zip: DELAND FL 32720

Title DIRECTOR
Name SPENCER, SYLVIA
Address 13840 ADMIRALS BEND DR
City-State-Zip: JACKSONVILLE FL 32225

Title COO
Name BENNETT, ROBERT L
Address 5611 SKIMMER DR
City-State-Zip: APOLLO BEACH FL 33572