

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003585

**Entity Name:** FLORIDA FAMILY ASSOCIATION, INC.

**Current Principal Place of Business:**

5489 JET PORT INDUSTRIAL BLVD.  
TAMPA, FL 33634

**Current Mailing Address:**

P. O. BOX 46547  
TAMPA, FL 33646-0105 US

**FEI Number: 59-3283890**

**Certificate of Status Desired: Yes**

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

CATON, DAVID  
5489 JET PORT INDUSTRIAL BLVD.  
TAMPA, FL 33634 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           | SD                             | Title           | D                      |
| Name            | LOUGHRIE, SANDRA L             | Name            | RIGGS, ROBERT          |
| Address         | 481 WEST DAVIS BLVD            | Address         | 18444 TANGLEWOOD DRIVE |
| City-State-Zip: | TAMPA FL 33606                 | City-State-Zip: | WESLEY CHAPEL FL 33543 |
|                 |                                |                 |                        |
| Title           | PTD                            |                 |                        |
| Name            | CATON, DAVID E                 |                 |                        |
| Address         | 5489 JET PORT INDUSTRIAL BLVD. |                 |                        |
| City-State-Zip: | TAMPA FL 33904                 |                 |                        |

*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: DAVID E. CATON**

**PRESIDENT**

**03/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date