

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003585

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC2223219459**

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

**Current Principal Place of Business:**

7031 BENJAMIN RD. SUITE F.  
TAMPA, FL 33634-3015

**Current Mailing Address:**

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

**FEI Number:** 59-3283890

**Certificate of Status Desired:** No

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

CATON, DAVID  
7031 BENJAMIN RD. SUITE F.  
TAMPA, FL 33634-3015 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  
Name LOUGHRIE, SANDRA L  
Address 481 WEST DAVIS BLVD  
City-State-Zip: TAMPA FL 33606

Title D  
Name RIGGS, ROBERT  
Address 18444 TANGLEWOOD DRIVE  
City-State-Zip: WESLEY CHAPEL FL 33543

Title PTD  
Name CATON, DAVID E  
Address 7031 BENJAMIN RD. SUITE F.  
City-State-Zip: TAMPA FL 33634-3015

*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**

**01/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date