

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 747696

1. Entity Name  
THE FLORIDA FAMILY SUPPORT COUNCIL, INC.



Principal Place of Business  
C/O DON PICKETT  
330 CLEMATIS ST., SUITE #201  
WEST PALM BEACH, FL 33401-4602

Mailing Address  
C/O DON PICKETT  
330 CLEMATIS ST., SUITE #201  
WEST PALM BEACH, FL 33401-4602



07052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2013591

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PICKETT, DON  
330 CLEMATIS ST.  
STE. 201  
WEST PALM BEACH, FL 33401-4602

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PICKETT, DON  
STREET ADDRESS 330 CLEMATIS, STE. 201  
CITY-ST-ZIP WEST PALM BCH., FL

TITLE D  
NAME CASE, DEBROAH  
STREET ADDRESS 651 4TH STREET SW  
CITY-ST-ZIP LARGO, FL

TITLE D  
NAME HERSCHAFT, BETH-ANN  
STREET ADDRESS 11110 REDWOOD AVE.  
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE S  
NAME BROWN, ELAINE  
STREET ADDRESS 1916 14TH ST., 3RD FLOOR  
CITY-ST-ZIP TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000377701  
09/07/05-80009-008 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DON PICKETT, PRESIDENT 9/5/05 561-655-7383