

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # 756730 (8)

1. Corporation Name

THE FOUNDATION FOR FAMILIES, INC.

Principal Place of Business

2960 ROOSEVELT BLVD
CLEARWATER FL 34620-1952

Mailing Address

2960 ROOSEVELT BLVD
CLEARWATER FL 34620-1952

3. Date Incorporated or Qualified
03/12/1981

3a. Date of Last Report
10/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2082463

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILLALBA, CHESTER F
2960 ROOSEVELT BLVD.
CLEARWATER FL 34620

81 Name
Suzanne Gibson Wise

82 Street Address (P.O. Box Number is Not Acceptable)
2960 Roosevelt Boulevard

83

84 City
Clearwater

FL

85 Zip Code
34620

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Suzanne Gibson Wise, Executive Director

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

(NOTE: Registered Agent signature required when resigning)

DATE

3-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOOPES, RAYMOND T
STREET ADDRESS 1013 WOODSIDE AVENUE
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME HORST, JOANNE L
STREET ADDRESS 1192 MANDALAY POINT
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 702 Ponce De Leon Boulevard
2.4 CITY-ST-ZIP Belleair, FL 34616 ☒ Change ☐ Addition

TITLE SD
NAME BROWN, JOHN L
STREET ADDRESS 1648 FARRIER TARI
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond T. Hoopes

3-29-96

(813) 797-0912

CR2E037 (12/95)