

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90103 049 \*\*\*\*70.00

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 756730**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/12/1981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2082463
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip	Country	29
24	30	

9. Name and Address of Current Registered Agent

**SUZANNE GIBSON WISE**  
 2960 ROOSEVELT BOULEVARD  
 CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOPES, RAYMOND T	1.2 NAME	
STREET ADDRESS	1013 WOODSIDE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKALSKI, JOSEPH	2.2 NAME	
STREET ADDRESS	4500 140TH AVENUE NORTH, SUITE 140	2.3 STREET ADDRESS	14010 ROOSEVELT BLVD. #708
CITY-ST-ZIP	CLEARWATER FL 34622	2.4 CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JOHN L	3.2 NAME	TALCOTT, SCOTT
STREET ADDRESS	1648 FARRIER TARI	3.3 STREET ADDRESS	255 CAPRI CIRCLE NORTH #16
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

*JOSEPH C. SKALSKI*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH C. SKALSKI

5/9/99

6/10/99

Daytime Phone's

727-536-5001

CR2E037-11/98