

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

02-28-2002 90075 035 ****70.00

DOCUMENT # N01000001431

1. Entity Name

FAMILIES FOR THE FUTURE, INC.

Principal Place of Business

**2205 SPANISH MOSS
 JACKSONVILLE FL 32246**

Mailing Address

**2205 SPANISH MOSS
 JACKSONVILLE FL 32246**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

EW-59-3649-991-

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TEMPLE, KEITH
 2205 SPANISH MOSS
 JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Keith Temple

18 FEB 02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CHAIRMAN, PRESIDENT** ☐ Delete
 NAME **KEITH TEMPLE**
 STREET ADDRESS **2245 SPANISH MOSS**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **BOARD MEMBER, TREASURER** ☐ Delete
 NAME **DOLores TEMPLE**
 STREET ADDRESS **2205 SPANISH MOSS**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **BOARD SECRETARY** ☐ Delete
 NAME **Thomas HOSTETLER**
 STREET ADDRESS **417 BELLEVUE AVE**
 CITY-ST-ZIP **STEUBENVILLE, OH 43952**

TITLE **BOARD MEMBER** ☐ Delete
 NAME **ROLPH HOCHMAN**
 STREET ADDRESS **6055 ST. AUGUSTINE RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **BOARD MEMBER** ☐ Delete
 NAME **MARK SCARILLO**
 STREET ADDRESS **2065 HOLLY OAKS RIVER DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Keith Temple
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 FEB 02

904-220-3431

Date

Daytime Phone #

31 MAR 02

904-220-3431

CR2E037 (9/01)