## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001431

MGRM

SCIULLO, MARK

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2065 HOLLY OAKS ROVER DR

JACKSONVILLE, FL 32225

Title:

Name:

Address:

City-St-Zip:

Entity Names FAMILIES FOR THE FLITH

FILED Feb 27, 2004 Secretary of State

Entity Name: FAMILIES FOR THE FUTURE, INC. **Current Principal Place of Business: New Principal Place of Business:** 2205 SPANISH MOSS JACKSONVILLE, FL 32246 **Current Mailing Address: New Mailing Address:** 2205 SPANISH MOSS JACKSONVILLE, FL 32246 FEI Number: 59-3699991 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TEMPLE, KEITH 2205 SPÁNISH MOSS JACKSONVILLE, FL 32246 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TEMPLE, KEITH Name: Name: 2295 SPANISH MOSS Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TEMPLE, DOLORES Name: Address: 2205 SPANISH MOSS Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: () Delete Title: () Change () Addition HOSTETLER, JAMES Name: Name: 417 BELLEVIEW BLVD Address: Address: City-St-Zip: STEUBENVILLE, OH 43952 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: HOCHMAN, RALPH Name: 6055 ST AUGUSTINE RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KEITH TEMPLE PD 02/27/2004

() Change () Addition