2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# N03000003111

Entity Name: THE FLORIDA FAMILY NETWORK, INC.

Current Principal Place of Business:

400 GAITHER DR
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

400 GAITHER DR
TALLAHASSEE, FL 32305

New Mailing Address:

FEI Number: 41-2091332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINCH, SOKOYA
400 GAITHER DR
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: FINCH, SOKOYA
Address: 400 GAITHER DR
City-St-Zip: TALLAHASSEE, FL 32305

Title: D ( ) Delete
Name: WESSOR, KHUFU
Address: 608 HAMPTON DR
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: LEWIS, KENDRA
Address: 400 GAITHER DR
City-St-Zip: TALLAHASSEE, FL 32305

Title: D ( ) Delete
Name: THOMAS, ANNIE
Address: 2901 PAR LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: WORTHEN, DREAMAL
Address: 2280 KIMBERLY LANE
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: BRYANT, JENELL
Address: 9789 JOHN FRANKLIN RD
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LEWIS, KENDRA
Address: 1125 SW 123RD AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: SOKOYA FINCH ED 04/07/2008

Electronic Signature of Signing Officer or Director — Date