

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N03000010714

1. Entity Name
FLORIDA FAMILY POLICY COUNCIL, INC.



Principal Place of Business
4853 S ORANGE AVE
STE C
ORLANDO, FL 32806

Mailing Address
4853 S ORANGE AVE
STE C
ORLANDO, FL 32806



02282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2436800

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEMBERGER, JOHN ESQ
4853 S ORANGE AVE
STE C
ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME BERRYMAN, RAY
STREET ADDRESS 12137 CRESCENT COVE DRIVE
CITY-STATE-ZIP WINDERMERE, FL 34786

TITLE T
NAME WATSON, ROBERT
STREET ADDRESS 11715 N FLORIDA AVENUE
CITY-STATE-ZIP TAMPA, FL 33612

TITLE VC
NAME JOHNSON, JON
STREET ADDRESS PO BOX 10805
CITY-STATE-ZIP TALLAHASSEE, FL 32302

TITLE S
NAME MANSOUR, MARK
STREET ADDRESS 2610 NE 40 ST
CITY-STATE-ZIP FT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000846505
03/18/08-80032-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Stemberger, President
2-28-08 (407) 251-1957