2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N03000010714

Entity Name: FLORIDA FAMILY POLICY COUNCIL, INC.

Current Principal Place of Business:

4853 S ORANGE AVE
STE C
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

4853 S ORANGE AVE
STE C
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 52-2436800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEMBERGER, JOHN ESQ
4853 S ORANGE AVE
STE C
ORLANDO, FL 32806 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: C ( ) Delete
Name: BERRYMAN, RAY
Address: 12137 CRESCENT COVE DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: T ( ) Delete
Name: WATSON, ROBERT
Address: 11715 N FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33612

Title: VC ( ) Delete
Name: JOHNSON, JON
Address: PO BOX 10805
City-St-Zip: TALLAHASSEE, FL 32302

Title: S ( ) Delete
Name: MANSOUR, MARK
Address: 2610 NE 40 ST
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: WATSON, ROBERT
Address: 1910 US HIGHWAY 301 NORTH
City-St-Zip: TAMPA, FL 33619

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: JOHN STEMBERGER RA 01/16/2009

Electronic Signature of Signing Officer or Director — Date