

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90010 019 ****61.25

DOCUMENT # N03000010741 1. Entity Name FATHERS AND FAMILIES FIRST, INC.					
Principal Place of Business 7424 COMPTON LANE NEW PORT RICHEY, FL 34655 US			Mailing Address 7424 COMPTON LANE NEW PORT RICHEY, FL 34655 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0501451	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FINCKE, RICHARD L SR. 7424 COMPTON LANE NEW PORT RICHEY, FL-34655				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PRES	NAME FINCKE, RICHARD L SR.		TITLE 	NAME 	
STREET ADDRESS 7424 COMPTON LANE	CITY-ST-ZIP NEW PORT RICHEY, FL 34655		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME SCHOTT, RONALD G		TITLE 	NAME 	
STREET ADDRESS 1906 HOLLOWAY RD	CITY-ST-ZIP PLANT CITY, FL 33567		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TREA	NAME MACKENZIE, LYNDANA		TITLE 	NAME 	
STREET ADDRESS 27427 SR 54 WEST	CITY-ST-ZIP WESLEY CHAPEL, FL 33543		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SEC	NAME FINCKE, LAURA L		TITLE 	NAME 	
STREET ADDRESS 7424 COMPTON LANE	CITY-ST-ZIP NEW PORT RICHEY, FL 34655		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Pres/Leo R. D. Fincke Sr.</i> <i>Pres/Leo Richard L. Fincke</i>					
<small>SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					