

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000086

FILED
Jan 08, 2009
Secretary of State

Entity Name: FLORIDA FAMILY ACTION, INC.

Current Principal Place of Business:

4853 S ORANGE AVE SUITE C
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

4853 S ORANGE AVE SUITE C
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 33-1108736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEMBERGER, JOHN
4853 S ORANGE AVE SUITE 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: D () Delete
Name: BERRYMAN, RAY J
Address: 12137 CRESCENT COVE CT
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: JOHNSON, JON
Address: 1402 WHITE STAR LANE
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: D () Delete
Name: MANSOUR, MARK
Address: 2610 SE 40TH STREET
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D () Delete
Name: MUTZ, BILL
Address: 1430 W MEMORIAL BLVD
City-St-Zip: LAKELAND, FL 338151231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN STEMBERGER

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date