

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004313

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: FLORIDA INSTITUTE FOR FAMILY ATTACHMENT INC.

**Current Principal Place of Business:**

2902 BUSCH LAKE BLVD STE 7  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

2902 BUSCH LAKE BLVD STE 7  
TAMPA, FL 33614

**New Mailing Address:**

1525 COWART ROAD  
PLANT CITY, FL 33567

FEI Number: 20-5163295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CROW, CAROL J  
2902 BUSCH LAKE BLVD STE 7  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

CROW, CAROL J  
1525 COWART ROAD  
PLANT CITY, FL 33567 US

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: CAROL J CROW

04/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BYERLY, BRIAN  
Address: 14535 BRUCE B DOWNS BLVD APT 428  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: GREGORY, NORMAN R  
Address: 5701 MARINER ST #606  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: BELL, JEFF  
Address: 11655 RENAISSANCE VIEW CT  
City-St-Zip: TAMPA, FL 33626

**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:

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: NORMAN R GREGORY

D

04/28/2007

Electronic Signature of Signing Officer or Director

Date