

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000012648**

1. Entity Name  
**COALITION FOR FLORIDA FAMILIES, INC.**



Principal Place of Business  
**820 EAST CALL STREET  
TALLAHASSEE, FL 32301**

Mailing Address  
**P.O. BOX 838  
TALLAHASSEE, FL 32302**



01182007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3985200**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MANAUSA, DANIEL  
3520 THOMASVILLE RD  
4TH FLOOR  
TALLAHASSEE, FL 32308**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HAYS, C.W.
STREET ADDRESS	24 FOREST HILLS DR.
CITY- ST- ZIP	THOMASVILLE, GA 31792
TITLE	D
NAME	DANIELS, DAVID
STREET ADDRESS	1218 N. SHORT BROAD ST.
CITY- ST- ZIP	THOMASVILLE, GA 31792
TITLE	D
NAME	DIEHL, KACCI
STREET ADDRESS	820 EAST CALL ST.
CITY- ST- ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000607447  
01/31/07-80038-007 61.25

**DO NOT WRITE  
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:** *Kacci Diehl* *Kacci Diehl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/19/07* *850-601-8535*  
Date Daytime Phone #