

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012648

FILED
Jan 16, 2009
Secretary of State

Entity Name: COALITION FOR FLORIDA FAMILIES, INC.

Current Principal Place of Business:

820 EAST CALL STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 838
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 20-3985200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 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: HAYS, C.W.
Address: 24 FOREST HILLS DR.
City-St-Zip: THOMASVILLE, GA 31792

Title: D () Delete
Name: DANIELS, DAVID
Address: 1218 N. SHORT BROAD ST.
City-St-Zip: THOMASVILLE, GA 31792

Title: D () Delete
Name: DIEHL, KACCI
Address: 820 EAST CALL ST.
City-St-Zip: TALLAHASSEE, FL 32301

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: KACCI DIEHL

DIR

01/16/2009

Electronic Signature of Signing Officer or Director

Date