

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90053 002 ****61.50

DOCUMENT # N07328

1. Entity Name
THE FAMILY PLACE, INC.



Principal Place of Business
**817 S. UNIVERSITY DRIVE
121
PLANTATION, FL 33324 US**

Mailing Address
**C/O G. DEWAYNE BONTRAGER
640 NW 74TH TERRACE
PLANTATION, FL 33317-1037**

40000733



01172005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2509349

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BONTRAGER, G. DEWAYNE
640 NW 74TH TERRACE
PLANTATION, FL**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BONTRAGER, G. DEWAYNE 640 NW 74TH TERRACE PLANTATION, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BONTRAGER, MARK D. 2805 HELNSDALE DRIVE COLORADO SPRINGS, CO 80920 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BONTRAGER, JUDITH R. 640 NW 74TH TERRACE PLANTATION, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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 authorized 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

G. DeWayne Bontrager 1-73-05 954

370-7028