

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM

Secretary of State

DOCUMENT # N07328

1. Entity Name

THE FAMILY PLACE, INC.



Principal Place of Business

Mailing Address

817 S. UNIVERSITY DRIVE
121
PLANTATION FL 33324
US

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BONTRAGER, G. DEWAYNE
640 NW 74TH TERRACE
PLANTATION FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BONTRAGER, MARK D.
2805 HELNSDALE DRIVE
COLORADO SPRINGS CO 80920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BONTRAGER, JUDITH R.
640 NW 74TH TERRACE
PLANTATION FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
U000000607482
01/31/07-80033-024 61.25

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Dewayne Bontrager 1/25/07 954 370-7028