

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19918 (4)
1. Corporation Name
NATIONAL FAMILY FOUNDATION, INC.



Principal Place of Business: **702 BOB WHITE LANE NAPLES FL 33963-3430 US**
Mailing Address: **702 BOB WHITE LANE NAPLES FL 33963-3430 US**

3. Date Incorporated or Qualified: **04/02/1987**
3a. Date of Last Report: **05/11/1995**
4. FEI Number: **59-2811937**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**MALONEY, THOMAS E.
4501 TAMiami TRAIL N
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ **FL** 85 Zip Code: _____

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOYNTON, BRUCE DR.	
STREET ADDRESS	400 8TH ST. NORTH	
CITY - ST - ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, MAUREEN	
STREET ADDRESS	2700 TREASURE LANE	
CITY - ST - ZIP	NAPLES FL 33940	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	HATTEMER, BARBARA	
STREET ADDRESS	702 BOB WHITE LANE	
CITY - ST - ZIP	NAPLES FL 33940	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	JORGENSEN, PATRICIA S.	
STREET ADDRESS	500 ADMIRALTY PARADE	
CITY - ST - ZIP	NAPLES FL 33940	
TITLE	D VP	<input type="checkbox"/> DELETE
NAME	SCOTT, DONALD J	
STREET ADDRESS	636 PORTSIDDE DR	
CITY - ST - ZIP	NAPLES FL 33940	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MALONEY, THOMAS E.	
STREET ADDRESS	4501 TAMiami TRAIL N	
CITY - ST - ZIP	NAPLES FL 33940	

13. ADDITIONS - CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	The Honorable D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Burt Saunders	
13 STREET ADDRESS	3301 Tamiami Trail E. 3rd Floor	
14 CITY - ST - ZIP	Naples, FL 33962	
21 TITLE	The Reverend D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Craig Terndrup	
23 STREET ADDRESS	3270 First Ave. N.W.	
24 CITY - ST - ZIP	Naples, FL 33964	
31 TITLE	Mrs. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Emily Van Buren	
33 STREET ADDRESS	501 Whispering Pine Court	
34 CITY - ST - ZIP	Naples, FL 33940	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara M. Hattemer **2-5-96** **941-544-7754**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)