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FILED

Apr 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34108-3430
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/02/1987

3a. Date of Last Report

02/08/1996

4. FEI Number

59-2811937

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERS, BURT THE HONOR	
STREET ADDRESS	3301 TAMiami TRAIL E 3RD FLOOR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, MAUREEN	
STREET ADDRESS	2700 TREASURE LANE 3980 Gordon Dr.	
CITY-ST-ZIP	NAPLES FL 33940 34102	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	HATTEMER, BARBARA	
STREET ADDRESS	702 BOB WHITE LANE	
CITY-ST-ZIP	NAPLES FL 33940 34108	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TERNDROP, THE REVEREND C	
STREET ADDRESS	3270 FIRST AVENUE NW	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SCOTT, DONALD J	
STREET ADDRESS	636 PORTSIDDE DR	
CITY-ST-ZIP	NAPLES FL 33940 34103	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MALONEY, THOMAS E.	
STREET ADDRESS	4501 TAMiami TRAIL N	
CITY-ST-ZIP	NAPLES FL 33940 34103	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Naples, FL 34112
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3980 Gordon Drive
2.4 CITY-ST-ZIP	Naples, FL 34102
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Naples, FL 34108
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Naples, FL 34120
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Naples, FL 34103
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Naples, FL 34103

14. I do 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 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 President 4-12-97 941-594-7754

CR2E037 (9/96)