

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 25 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19918 (4)**  
 1. Corporation Name  
**NATIONAL FAMILY FOUNDATION, INC.**



Principal Place of Business <b>702 BOB WHITE LANE NAPLES FL 33963-3430 US</b>	Mailing Address <b>702 BOB WHITE LANE NAPLES FL 33963-3430 US</b>
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3. Date Incorporated or Qualified <b>04/02/1987</b>	
4. FEI Number <b>59-2811937</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDERS, BURT THE HONOR</b>	
STREET ADDRESS	<b>3301 TAMiami TRAIL E 3RD FLOOR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, MAUREEN</b>	
STREET ADDRESS	<b>3080 GORDON DR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>HATTEMER, BARBARA</b>	
STREET ADDRESS	<b>702 BOB WHITE LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TERNDRUP, THE REVEREND C</b>	
STREET ADDRESS	<b>3270 FIRST AVENUE NW</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, DONALD J</b>	
STREET ADDRESS	<b>636 PORTSIDDE DR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>MALONEY, THOMAS E.</b>	
STREET ADDRESS	<b>4501 TAMiami TRAIL N</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Van Buzark, Sally</b>
4.3 STREET ADDRESS	<b>581 Whispering Pine Court</b>
4.4 CITY-ST-ZIP	<b>Naples, FL 34103</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 6/25/98 7754  
 941-594-

CFR2E037 (10/97)