


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90062 043 ****61.25

DOCUMENT # N39013 1. Entity Name THE FLORIDA FAMILY RESEARCH NETWORK, INC.					
Principal Place of Business 232 SW 28TH AVENUE DELRAY BEACH, FL 33445 US			Mailing Address 232 SW 28TH AVENUE DELRAY BEACH, FL 33445 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3023966	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOTTLIEB, EILEEN B 232 SW 28 AVE DELRAY BEACH, FL 33445				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FITZGERALD, CONSTANCE		NAME		
STREET ADDRESS	709 SW 27 ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANKS, KATHLEEN		NAME	Spelling Correction	
STREET ADDRESS	4573 ALDER DR		STREET ADDRESS	Yanks, Kathleen	
CITY-ST-ZIP	PT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOTTLIEB, EILEEN		NAME		
STREET ADDRESS	232 S.W. A28TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEIDERMY MYRA		NAME		
STREET ADDRESS	3323 DIAMOND KNOT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOPCIK, VICKY		NAME		
STREET ADDRESS	10790 WAVERLY BLUFF WAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <i>Kathleen K. Yanks</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/13/05 386-304-8652 <small>Date Daytime Phone #</small>		