

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39013

FILED
Jan 20, 2009
Secretary of State

Entity Name: THE FLORIDA FAMILY RESEARCH NETWORK, INC.

Current Principal Place of Business:

232 SW 28TH AVENUE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

232 SW 28TH AVENUE
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 59-3023966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTLIEB, EILEEN B
232 SW 28 AVE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FITZGERALD, CONSTANCE
Address: 709 SW 27 ST
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: YANKS, KATHLEEN
Address: 4573 ALDER DR
City-St-Zip: PT ORANGE, FL 32127

Title: D () Delete
Name: GOTTLIEB, EILEEN
Address: 232 SW 28TH AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: SCHNEIDER MYRA,
Address: 3323 DIAMOND KNOT
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: TOPCIK, VICKY
Address: 10790 WAVERLY BLUFF WAY
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: FINE, SHELLEY
Address: 4480 DEERWOOD LAKE PARKWAY, #243
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLEY FINE

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date