

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41555

FILED
Apr 30, 2007
Secretary of State

Entity Name: FLORIDA FAMILY COUNCIL, INC.

Current Principal Place of Business:

609 W. DELEON ST
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

609 W DELEON ST
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3043408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRILL, MARK W.
609 W. DELEON ST
TAMPA, FL 33606 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: PTSD () Delete
Name: MERRILL, MARK W.,
Address: 609 W DELEON ST.
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: CARMICHAEL, MICHAEL
Address: 1511 S.W. FIRST AVE.
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: BABCOCK, CHARLES I III
Address: 2914 ELYSIUM WAY
City-St-Zip: CLEARWATER, FL 34619

Title: D () Delete
Name: BABCOCK, MARY ANNE
Address: 2914 ELYSIUM WAY
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: FLORES, ARMANDO
Address: 4015 CARROLLWOOD VILLAGE DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: GAYLORD, S C
Address: 900 LORENA RD
City-St-Zip: LUTZ, FL 33549

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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Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: MARK W. MERRILL

PSTD

04/30/2007

Electronic Signature of Signing Officer or Director

Date