

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003585

FILED
Apr 29, 2008
Secretary of State

Entity Name: FLORIDA FAMILY ASSOCIATION, INC.

Current Principal Place of Business:

10020 OXFORD CHAPEL DRIVE
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 46547
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-3283890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATON, DAVID
10020 OXFORD CHAPEL DRIVE
TAMPA, FL 33647 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: SD () Delete
Name: LOUGHRIE, SANDRA L
Address: 481 WEST DAVIS BLVD
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: RIGGS, ROBERT
Address: 18444 TANGLEWOOD DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: PTD () Delete
Name: CATON, DAVID E
Address: 10020 OXFORD CHAPEL DRIVE
City-St-Zip: TAMPA, FL 33647

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:

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: DAVID E CATON

TRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date