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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90024 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004887

1. Corporation Name

THE GREAT FAMILY NETWORK, INC.

Principal Place of Business

1800 N PALAFOX
PENSACOLA FL 32501

Mailing Address

1800 N PALAFOX
PENSACOLA FL 32501

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/16/1995 4. FEI Number 59-3377573 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

SUSKO, JOHN C
THE CENTER FOR FAMILY LAW, P.A.
909 GARDENGATE CIRCLE
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name **Betty L. Dixon**
82 Street Address (P.O. Box Number is Not Acceptable)
10215 Gallows Road
83 Cantonment
84 City
FL 85 Zip Code 32533

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Betty L. Dixon 1/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, BETTY DR	1.2 NAME	
STREET ADDRESS	10215 GALLOWES ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JERRY	2.2 NAME	
STREET ADDRESS	215 WEST GARDEN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEARS, WILLIAM	3.2 NAME	
STREET ADDRESS	6727 NO. DAVIS HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODE, BEVERLY	4.2 NAME	
STREET ADDRESS	9734 QUAIL HOLLOW BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODE, JAMES G CHAP	5.2 NAME	
STREET ADDRESS	5332 STILES LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	PD BECKY KIRSCH
STREET ADDRESS		6.3 STREET ADDRESS	1800 PALAFOX ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PENSACOLA, FL 32504

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 with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/99

Daytime Phone #

850-479-1040