

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000424 (9)

1. Corporation Name

NATIONAL CONGRESS FOR FATHERS & CHILDREN-FLORIDA  
A CHAPTER, INC.



Principal Place of Business

Mailing Address

215 SOUTH MONROE STREET  
SUITE 600  
TALLAHASSEE FL 32301

POST OFFICE BOX 15575  
TALLAHASSEE FL 32317-5575

3. Date Incorporated or Qualified  
01/24/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3410609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNEELY, ROBERT A ESQ.  
215 SOUTH MONROE STREET  
SUITE 600  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE - D ☐ Change ☒ Addition  
1.2 NAME ~~Executive Vice President~~  
1.3 STREET ADDRESS Kim Allen  
1.4 CITY-ST-ZIP P.O. Box 15575 N/A Tallahassee, FL 32317

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE - D ☐ Change ☒ Addition  
2.2 NAME Treasurer  
2.3 STREET ADDRESS David DeDominicis  
2.4 CITY-ST-ZIP P.O. Box 15575 N/A Tallahassee, FL 32317

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE - D ☐ Change ☒ Addition  
3.2 NAME ~~Secretary~~  
3.3 STREET ADDRESS Elva Peppers  
3.4 CITY-ST-ZIP P.O. Box 15575 N/A Tallahassee, FL 32317

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE - D ☐ Change ☒ Addition  
4.2 NAME Dir. of Legislative Affairs  
4.3 STREET ADDRESS Timothy S. Taylor  
4.4 CITY-ST-ZIP P.O. Box 15575 N/A Tallahassee, FL 32317

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE - D ☐ Change ☒ Addition  
5.2 NAME Dir. of Membership  
5.3 STREET ADDRESS Ann Spencer  
5.4 CITY-ST-ZIP P.O. Box 15575 N/A Tallahassee, FL 32317

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE - D ☐ Change ☒ Addition  
6.2 NAME Dir. of Fundraising  
6.3 STREET ADDRESS Melinda DeDominicis  
6.4 CITY-ST-ZIP P.O. Box 15575 N/A Tallahassee, FL 32317

14. I do 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.

Robert A. McNeely  
President

CR2E037 (9/96)