

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90013 031 ****61.25

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1. Corporation Name

INSTITUTE FOR FAMILY EMPOWERMENT, INC.

Principal Place of Business

**245 BRENT LANE
PENSACOLA FL 32503**

Mailing Address

**245 BRENT LANE
PENSACOLA FL 32503**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/15/1997

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3479936

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

**LINDER, NONIE
245 BRENT LANE
PENSACOLA FL 32503**

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 **PD** ☐ DELETE

NAME **LONG, RON**
STREET ADDRESS **245 BRENT LANE**
CITY-ST-ZIP **PENSACOLA FL 32503**

1.1 TITLE ☐ Change ☐ Addition

TITLE **STD** ☐ DELETE

NAME **LINDER, NONIE**
STREET ADDRESS **245 BRENT LANE**
CITY-ST-ZIP **PENSACOLA FL 32503**

1.2 NAME

TITLE **D** ☒ DELETE

NAME **LINDER, HORACE W**
STREET ADDRESS **245 BRENT LANE**
CITY-ST-ZIP **PENSACOLA FL 32503**

1.3 STREET ADDRESS

TITLE ☐ DELETE

NAME ☐ DELETE

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

2.2 NAME

TITLE ☐ DELETE

NAME ☐ DELETE

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME ☐ DELETE

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

3.2 NAME

TITLE ☐ DELETE

NAME ☐ DELETE

3.3 STREET ADDRESS

TITLE ☐ DELETE

NAME ☐ DELETE

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

4.2 NAME

TITLE ☐ DELETE

NAME ☐ DELETE

4.3 STREET ADDRESS

TITLE ☐ DELETE

NAME ☐ DELETE

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

5.2 NAME

TITLE ☐ DELETE

NAME ☐ DELETE

5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME ☐ DELETE

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

6.2 NAME

TITLE ☐ DELETE

NAME ☐ DELETE

6.3 STREET ADDRESS

TITLE ☐ DELETE

NAME ☐ DELETE

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

SIGNATURE:

Nonie Linder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

850 937 0860

Date

Daytime Phone #

CR2E037 (11/98)