

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004650

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3479936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LINDER, NONIE  
245 BRENT LANE  
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LONG, RON  
STREET ADDRESS 245 BRENT LANE  
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE STD  
NAME LINDER, NONIE  
STREET ADDRESS 245 BRENT LANE  
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE D  
NAME RESCH, JERRY  
STREET ADDRESS 4700 BAYOU BLVD BLDG 1C  
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE D  
NAME PARKER, BENJAMIN  
STREET ADDRESS 101 E GARDEN STREET  
CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete

TITLE D  
NAME WEAVER, MALVA  
STREET ADDRESS 160 GOVERNMENTAL CENTER  
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*

July 12, 01 850-476-4466

FILED  
Aug 06, 2001 8:00 am  
Secretary of State

08-06-2001 90074 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)