2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90231 008 ****61.25

DOCUMENT # N97000004650

1. Entity Name
INSTITUTE FOR FAMILY EMPOWERMENT, INC.

Principal Place of Business
5800 NW STREET SUITE 5-B
PENSACOLA, FL 32503

Mailing Address
11560 DUELING OAKS DR
PENSACOLA, FL 32514
SAME AS PRINCIPLE

02052004 No Chg-NP CR2E037 (10/03)

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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~~
~~11560 DUELING OAKS DR~~
~~PENSACOLA, FL 32514~~
Ron Long
5800 N W STREET
Suite 5-B
PENSACOLA, FL 32503

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: NONIE LINDER, ST Nonie Linder 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LONG, RON
STREET ADDRESS	~~245 BRENT LANE~~ 5800 N W STREET Suite 5-B
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	STD
NAME	LINDER, NONIE
STREET ADDRESS	~~245 BRENT LANE~~ 11560 Dueling Oaks Dr
CITY-ST-ZIP	PENSACOLA, FL ~~32503~~ 32514
TITLE	D
NAME	RESCH, JERRY
STREET ADDRESS	4700 BAYOU BLVD BLDG 1C
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	PARKER, BENJAMIN
STREET ADDRESS	101 E GARDEN STREET
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	D
NAME	WEAVER, MALVA
STREET ADDRESS	160 GOVERMENTAL CENTER
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Nonie Linder 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #