## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N97000004650**

1. Entity Name ,



## **FILED** Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90133 034 \*\*\*\*61.25

INSTITUTE	FOR FAMILY EMPOWERME	NT, INC.		1				
Principal Place of Business  245-BRENT LANE  11580 DUELING OAKS DR PENSACOLA FL 32503-  5 8 00 N. "W" Street, Suite 5-B								
	Place of Business		170,					
2. Principal Place of Business  5800 NIW" Street Suite 5-B			<b>L</b>	10381101 010 1011 1	8811 8811 8811 8811 8811 8811 8811 88	SID CHISI SII	.11, <b>83</b> 11 11 <b>8</b> 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		C+	IECK HERE IF MAKING C	HANGES		
Çity & Stat	· · · · · · · · · · · · · · · · · · ·	City & State					pplied For	7
PENSACOLA EL		City & State	Only & State		4. FEI Number <b>59-3479936</b>		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of State		8.75 Add		1
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered Age	e Require		1
	والربي يهجني المراه	وموسود دروان والمرتبية المتجاب المتحادية	Name					-
LINDER, N		Street Address	Street Address (P.O. Box Number is Not Acceptable)					
	ieling oaks dr DLA FL 32514			·				┨
1 210/100	2112 02011		City			Zip Code		1
		·			FL			]
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re-	gistered office or registe	red agent, or both, in the	e State of Florida. I am fan	niliar with,	and accept	
	11 13 (1)	١			1111			1
SIGNATURE	Signature, typed or printed reme of registered agent	<u> </u>			4/14/0	7		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: H	egistered Agent signature required	d when reinstating)	DATE			-
9. Election Campaign F			aign Financing	\$5.00 May Be	Make Check F	Pavable	to	
FILE NOVE: FEE 15 50 LZS		Trust Fund Con	· · · · ·	Added to Fees	Florida Departm			
10. 💝	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	CTORS IN	110	┨
TITLE	PD	Delete	TITLE	ADDITIONOJOHANGEO		Change	Addition	18
NAME	LONG, RON		NAME					3
	245 BRENT LANE PENSACOLA FL 32503		STREET ADDRESS CITY-ST-ZIP					2
	STD	Delete	TITLE			Change	Addition	∤ į
NAME	LINDER, NONIE	LJ Delete	NAME		L	] Onlings	□ Vagition	۲
	245 BRENT LANE		STREET ADDRESS					
	PENSACOLA FL 32503		CITY-ST-ZIP					
	D.	□ Delete	ra <sup>TITLE</sup>	<u>ــــــــــــــــــــــــــــــــــــ</u>	, <del>, , , , , , , , , , , , , , , , , , </del>	Change	Addition	Ì
NAME STREET ADDRESS	RESCH, JERRY 4700 BAYOU BLVD BLDG 1C		NAME STREET ADDRESS					
	PENSACOLA FL 32503	,	CITY-ST-ZIP					
TITLE	D	Delete	TITLE			Change	Addition	1
	PARKER, BENJAMIN		NAME		_			Ì
	101 E GARDEN STREET		STREET ADDRESS					-
	PENSACOLA FL 32501		CITY-ST-ZIP	·	<u> </u>			-
TITLE	WEAVER, MALVA	☐ Delete	TITLE		L	] Change	Addition Addition	
	160 GOVERMENTAL CENTER		NAME STREET ADDRESS					
	PENSACOLA FL 32505		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	1
NAME			NAME					1
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for the	CITY-ST-ZIP	otion 110 07/20/3\ Electric	No Ctatuton   Europas as all :	that tha !-	oformation	1
· · · · · · · · · · · · · · · · · · ·	sermy making uncontration and bited with	and ming coes not quality for th	o everabation graterial at Se	socion i rasprija)(i), Figiri	a Statutes. I turnier certify	u lat u le ll	OUTBAUUIT	1

indicated on this report or supplied with this fining does not quality for the exemplion stated in decision 113.0763(3), indicated so this report or suppliemental 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:** 

4/14/03