

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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90133 034 \*\*\*\*61.25

**DOCUMENT # N97000004650**

1. Entity Name

**INSTITUTE FOR FAMILY EMPOWERMENT, INC.**



Principal Place of Business

Mailing Address

**245 BRENT LANE  
PENSACOLA FL 32503**

**11560 DUELING OAKS DR  
PENSACOLA FL 32514**

**5800 N. "W" Street, Suite 5-B  
PENSACOLA, FL 32505**

2. Principal Place of Business

3. Mailing Address

**5800 N. "W" Street Suite 5-B**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PENSACOLA, FL**

Zip

Country

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

7. Name and Address of New Registered Agent

**LINDER, NONIE  
11560 DUELING OAKS DR  
PENSACOLA FL 32514**

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

SIGNATURE

*Nonie Linder*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/14/04**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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* **SIGNATURE REQUIRED**

**4/14/03**

*Ron Long*  
**479-3831**

CR2E037 (10/02)