


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90296 008 ****61.25

DOCUMENT # N98000003449 1. Entity Name BRANCH FAMILY FOUNDATION, INC.	
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Principal Place of Business 335 NE WATULA AVE OCALA, FL 34470-5806	Mailing Address PO BOX 940 OCALA, FL 34478-0940
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40070543



04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3516536	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRANCH, GREGORY C 335 NE WATULA AVE OCALA, FL 34470-5806

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANCH, GREGORY C 1255 SE 11TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRANCH, MARY S 1109 SE 10TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALLEN, GREGORY S 2523 SE 30TH PL OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCH, DIANE G 1255 SE 11TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRANCH, JR, O C 1109 SE 10TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCH, TRACY L 442 BRIARHURST WAY 1261 LANIER BLVD. ATLANTA, GA 30329 30306

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **GREGORY S. ALLEN** 4/17/06 352-732-4143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #