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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90209 014 \*\*\*\*61.25

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1. Corporation Name

FOR THE FAMILY, INC.

Principal Place of Business

6909 N. ALBANY AVENUE  
TAMPA FL 33604-5336

Mailing Address

6909 N. ALBANY AVENUE  
TAMPA FL 33604-5336



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/28/1998

4. FEI Number

59-2800289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

COX, W. WARD  
6909 N. ALBANY AVENUE  
TAMPA FL 33604-5336

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ALESSANDRINI, BERNIE

STREET ADDRESS 912 11TH AVENUE

CITY-ST-ZIP TAMPA FL 33605

TITLE D ☐ DELETE

NAME BICHSEL, JACK

STREET ADDRESS 500 N. WESTSHORE BLVD., #605

CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ DELETE

NAME COOKE, LENOX

STREET ADDRESS POST OFFICE BOX 1110 N/A

CITY-ST-ZIP TAMPA FL 33601

TITLE D ☐ DELETE

NAME CRISTIANI, EVA

STREET ADDRESS 407 N. PARSONS, #104A

CITY-ST-ZIP BRANDON FL 33510

TITLE D ☐ DELETE

NAME FLOM, EDWARD

STREET ADDRESS 2910 W. BAY TO BAY BLVD.

CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ DELETE

NAME FREE, MARCIA REV.

STREET ADDRESS 7308 E. FOWLER AVENUE

CITY-ST-ZIP TAMPA FL 33617

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. WARD COX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 1999 (813) 932-1477

Date

Daytime Phone #

CR2E037 (11/98)