


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005064 1. Entity Name FOR THE FAMILY, INC.	
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Principal Place of Business 6909 N. ALBANY AVENUE TAMPA, FL 33604-5336	Mailing Address 6909 N. ALBANY AVENUE TAMPA, FL 33604-5336
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04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0903236	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COX, W. WARD 6909 N. ALBANY AVENUE TAMPA, FL 33604-5336
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALESSANDRINI, BERNIE P.O. BOX 5746 TAMPA, FL 33675
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BICHSEL, JACK 500 N. WESTSHORE BLVD., #605 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOKE, LENOX POST OFFICE BOX 1110 N/A TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRISTIANI, EVA 1750 17 STREET BLDG H SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRICK, RONALD 730 S. STERLING AVE, STE 200 TAMPA, FL 336094514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEEL, JIMMIE P.O. BOX 1110 TAMPA, FL 33601

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04/22/05-80050-010 61.25

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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: W. Ward Cox Apr 19, 2005 (813) 633-3239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR