2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 27, 2007 8:00 am
Secretary of State
04-12-2007 90030 012 ****61.25

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1. Entity Name
FOR THE FAMILY, INC.

Principal Place of Business	Mailing Address
6909 N. ALBANY AVENUE TAMPA, FL 33604-5336	6909 N. ALBANY AVENUE TAMPA, FL 33604-5336

04102007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 71-0903236 ☐ 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
COX, W. WARD 6909 N. ALBANY AVENUE TAMPA, FL 33604-5336	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 W. Ward Cox Apr. 10, 2007
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, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALESSANDRINI, BERNIE P.O. BOX 5746 TAMPA, FL 33675	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BICHSEL, JACK 500 N. WESTSHORE BLVD., #605 TAMPA, FL 33609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDRA MURMAN P.O BOX 1568 BRANDON, FL 33509 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOKE, LENOX POST OFFICE BOX 1110 N/A TAMPA, FL 33601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROGER SLOINFORD 401 HARBOUR PLACE DRIVE TAMPA, FL 33602 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRISTIANI, EVA 1750 17 STREET BLDG H SARASOTA, FL 34234	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIL SINGER 1505 N. FLORIDA AVE. TAMPA, FL 33602 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRICK, RONALD 730 S. STERLING AVE. STE 200 TAMPA, FL 336094514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEEL, JIMMIE P.O. BOX 1110 TAMPA, FL 33601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: William Ward Cox Apr. 24, 2007 (813)932-1477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #