

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 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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DO NOT WRITE IN THIS SPACE



02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 71-0903236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

U00000907765
 05/06/08-80001-010 61.25

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 MURMAN, SANDRA PO BOX 1568 BRANDON, FL 33509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINFORD, ROGER 104 HARBOUR PL DR TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, GIL 1505 N FLORIDA AVE TAMPA, FL 33602
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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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____