

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005064

FILED
Apr 15, 2009
Secretary of State

Entity Name: FOR THE FAMILY, INC.

Current Principal Place of Business:

6909 N. ALBANY AVENUE
TAMPA, FL 336045336

New Principal Place of Business:

Current Mailing Address:

6909 N. ALBANY AVENUE
TAMPA, FL 336045336

New Mailing Address:

FEI Number: 71-0903236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, W. WARD
6909 N. ALBANY AVENUE
TAMPA, FL 336045336 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALESSANDRINI, BERNIE
Address: P.O. BOX 5746
City-St-Zip: TAMPA, FL 33675

Title: D () Delete
Name: MURMAN, SANDRA
Address: PO BOX 1568
City-St-Zip: BRANDON, FL 33509

Title: D () Delete
Name: SWINFORD, ROGER
Address: 104 HARBOUR PL DR
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: SINGER, GIL
Address: 1505 N FLORDA AVE
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: MORRICK, RONALD
Address: 730 S. STERLING AVE. STE 200
City-St-Zip: TAMPA, FL 336094514

Title: D () Delete
Name: KEEL, JIMMIE
Address: P.O. BOX 1110
City-St-Zip: TAMPA, FL 33601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PROCTOR, MARK
Address: 409 S. KINGS AVENUE
City-St-Zip: BRANDON, FL 33511

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GIBSON, MARIA
Address: 1813 ERIN BROOKE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAVIDSON, SUSAN
Address: 2739 U.S. 19, SUITE 417
City-St-Zip: HOLIDAY, FL 34691

Title: D (X) Change () Addition
Name: KEEL, JIMMIE
Address: 6705 32ND STREET
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK PROCTOR

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date