2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

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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
Name: PROCTOR, MARK
Address: 409 S. KINGS AVENUE
City-St-Zip: BRANDON, FL 33511

Title: D
Name: GRIFFITH, VIRGINIA
Address: 9215 N. FLORIDA AVENUE, SUITE 104
City-St-Zip: TAMPA, FL 33612

Title: D
Name: GIBSON, MARIA
Address: 1813 ERIN BROOKE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D
Name: SINGER, GIL
Address: 5104 S. WEST SHORE BOULEVARD
City-St-Zip: TAMPA, FL 33611

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

Title: D
Name: KEEL, JIMMIE
Address: 6705 32ND STREET
City-St-Zip: TAMPA, FL 33610

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM WARD COX ADMN 04/19/2012
Electronic Signature of Signing Officer or Director — Date