

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004830

FILED  
May 05, 2006  
Secretary of State

**Entity Name:** FLORIDA INSTITUTE FOR FAMILY INVOLVEMENT, INC.

**Current Principal Place of Business:**

3927 SPRING CREEK HWY.  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

3927 SPRING CREEK HWY.  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 59-3598666      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WELLS, CONNI J  
3927 SPRING CREEK HWY.  
CRAWFORDVILLE, FL 32327      US

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: ED      ( ) Delete  
Name: WELLS, CONNI J  
Address: 3927 SPRING CREEK HIGHWAY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P      ( ) Delete  
Name: REISS, JOHN  
Address: P.O. BOX 100147  
City-St-Zip: GAINESVILLE, FL 32610

Title: VPT      ( ) Delete  
Name: SOHN, HELENE  
Address: 475 SOMERSET WAY  
City-St-Zip: WESTON, FL 33326

Title: SD      ( ) Delete  
Name: GLUZ, DORI  
Address: PO BOX 10475  
City-St-Zip: DAYTONA BEACH, FL 32120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CONNI J WELLS

ED

05/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date