

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000089418 (5)

1. Corporation Name

STRENGTHENING THE FAMILY, INC.

DBA JEFF HERRING AND ASSOCIATES

Principal Place of Business

2233 GREENWICH WAY
TALLAHASSEE FL 32308
US

Mailing Address

P.O. BOX 15891
TALLAHASSEE FL 32317-5891



2. Principal Place of Business

21 1284 TIMBERLAKE RD

Suite, Apt. #, etc.

22 SUITE A

City & State

23 TLAH, FL

Zip

24 32312

Country

25 USA

2a. Mailing Address

26 1284 TIMBERLAKE RD

Suite, Apt. #, etc.

27 SUITE A

City & State

28 TLAH, FL

Zip

29 32312

Country

30 USA

3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3423137
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

TOTTEN-HERRING, LAUREN
2233 GREENWICH WAY
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HERRING, JEFF
STREET ADDRESS 2233 GREENWICH WAY
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE V ☐ DELETE

NAME HERRING, LAUREN
STREET ADDRESS 2233 GREENWICH WAY
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

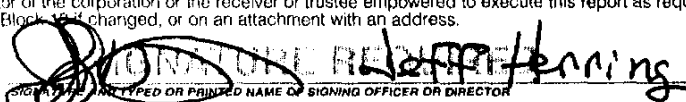
NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 904-668-0600
Date Daytime Phone #

0049355

CR2E034 (9/96)