PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000089418

1. Corporation Name

STRENGTHENING THE FAMILY, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90220 020 ***150.00



Principal Plac	e of Business	Mailing Address					
	ANE RD. STE. A	1284 TIMBERLANE RD. STE.	A				
TALLAHASSEE					DO NOT WRITE IN THIS SPACE		
US	US				Date Incorporated or Qualifed		
					12/09/1994		
2 Principal P	lace of Business	2a. Mailing Address			4 EEI Number	TA	plied For
21 /5 8	35 Makrad 16	26 1589 Mem	spLit.	ars up	59-3423137		ot Applicable
Suite And.	#. etc.	Suite, Apt. #, etc.	//~~ 4		00 0 120 101		Additional
22 SCITE B 27 SUITE/					5. Certifcate of Status Desired		equired
City & Stat	19 .	City & State			6. Election Campaign Financing	\$5.00	May Be
23 TCl	4 PC	28 1CH	FC		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	. ^	8. This corporation owes the current year Inte	angible	
24 32 C	D 25 (1) (2)	29 377300 3	6 (1	\mathcal{Y}^2	Personal Property Tax.	Yes	□ ₩6
	9. Name and Address of Current R	legistered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
TOTTEN-HERRING, LAUREN				Street Addre	ess (P.O. Box Number is Not Acceptable)		
2233 GREENWICH WAY							
TALI	AHASSEE FL 32308		83				
			84	City		85 Zip	Code
!			154	City	FL	163 Zip	Joue
office or r	to the provisions of Sections 607.0502 a registered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was auth	norized by	the corporation	pration submits this statement for the purpose of in's board of directors. I hereby accept the appoin	changing its itment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE: Re	gistered Ager	nt signature required			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE	Ì		[] Change	Addition
NAME	HERRING, JEFF	SQ2 HOLLIST	1.2 NAME				
STREET ADDRESS	2233 GREENWICH WAY		1.3 STREET	FADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308	32312	1.4 CITY-S	T- ZIP			
TITLE	V	☐ DELETE	2.1 TITLE			[] Change	☐ Addition
NAME	HERRING, LAUREN	Ca \	2.2 NAME				!
STREET ADDRESS	2233 GREENWICH WAY	Sand	2.3 STREET	TADDRESS			1
CITY-ST-ZIP	THE HILLOSEE EL COMA		2.4 CITY-S	IT- ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	T ADDRESS			i
CITY-ST-ZIP			3.4 CiTY-S	T-ZIP			
TITLE	☐ DELETE 4.1 T		4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	{			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	,		5.4 C/TY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREET	ADDRESS			
			6.4 CITY-S				į
CITY-ST-ZIP	<u> </u>				nation 110 07/2\/i) Elarida Statutas I further and		

I 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, with all other like empowered.

SIGNATURE:

ID CIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR