

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90135 032 ****61.25

DOCUMENT # **N94000003585**

1. Corporation Name

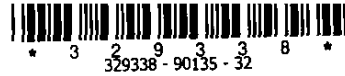
FLORIDA FAMILY ASSOCIATION, INC.

Principal Place of Business

**1511-K E. FOWLER AVENUE
TAMPA FL 33612**

Mailing Address

**P.O. BOX 82722
TAMPA FL 33682**



329338 - 90135 - 32



2. Principal Place of Business

21 12104 Shady Forest Drive

Suite, Apt. #, etc.

22 City & State

23 Riverview FL

Zip

24 33569

Country

25 USA

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

07/18/1994

4. FEI Number

59-3283890

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**

9. Name and Address of Current Registered Agent

**BUCKLES, CHRISTINA
12104 SHADY FOREST DR.
TAMPA FL 33569**

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

NAME **PTD CATON, DAVID E**

STREET ADDRESS **9505 LARKBUNTING DRIVE**

CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ DELETE

NAME **SD LOUGHRIE, SANDRA L**

STREET ADDRESS **634 RIVIERA DRIVE**

CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D GARRETT, ROBERT**

STREET ADDRESS **1702 SW 11TH AVE**

CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

David E. Caton President

4-7-99 813-264-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)