FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400003585

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**

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

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

3 329338 - 90135 - 32 8 **



2. Principal Pl	4 Shady Forest Orive 26				07/18/1994				
21 12 10		Suite, Apt. #, etc.			4. FEI Number		I An	plied For	
–	o, Apt. #, etc. Suite, Apt. #, etc.				59-3283890			t Applicable	
City & State		City & State			5. Certifcate of Status Desired		\$8.75 / Fee Re	Additional	
Riverview FL 28 Zip Country Zip					6. Election Campaign Financing		\$5.00	May Be	
24 33569 25 MMA USA 29 30			آ آ		Trust Fund Contribution Added to Fees				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
			81	Name			•		
BUCKLES, CHRISTINA				82 Street Address (P.O. Box Number is Not Acceptable)					
12104 SHADY FOREST DR.									
TAMPA FL 33569					•				
1				84 City 85 Zip Code					
1	•			1		<u> </u>			
11. Pursuant	to the provisions of Sections 617.0502 agistered agent, or both, in the State of	and 617.1508, Florida Statutes	s, the above	e-named corpo	pration submits this statement for the	e purpose of o	changing its	registered aistered	
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligatio	ns of, Section 617.0503, Florid	da Statutes	ы ю согрогацо	ing pools of shooters, interesty doc	-Prais appoil		J 10. 54	
SIGNATURE	•								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				nt signature required	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICEDS ANI	n niketro	RS IN 12	
12.	···	OFFICERS AND DIRECTORS 13			ADDITIONS/CHANGES TO C	FFICERS AN	Change	Addition	
TILE	PTD	☐ DELETE	1.1 TITLE				(Cutango		
NAME	CATON, DAVID E		1.2 NAME	\ \ \	MATICAL HATTIS	teet			
STREET ADDRESS				13STREET ADDRESS 2407 SW 46TH Street					
CITY-ST-ZIP	TAMPA FL 33647			T-ZIP C	ape Coval, FL	<u> </u>	Change	Addition	
TITLE	SD '	☐ DELETE	2.1 TITLE		,		[] Change	Addition	
NAME	LOUGHRIE, SANDRA L		2.2 NAME				- a.		
STREET ADDRESS	634 RIVIERA DRIVE		2.3 STREE	TADDRESS	•		, .,		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-S	ST-ZIP			Channa	☐ Addition	
ΠΊLE	D	☐ DELETE	3.1 TITLE				Change	Addition Addition	
NAME	GARRETT, ROBERT 32N		3.2 NAME						
STREET ADDRESS	1702 ON 11111 AVE		3.3 STREE	TADDRESS					
CITY-ST-ZIP	0,0200,02:2000		3.4, CITY-S	T-ZIP					
TITLE	☐ DELETE 4:		4.1 TITLE	.			☐ Change	☐ Addition	
NAME	_		4.2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				FT 4 3 2 2 2 2 2	
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP		<u> </u>	5.4 CITY-S	T-ZIP				- A 3397	
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-ST-ZIP			6.4 CITY-S						
44 I barabia		this filing does not qualify for	the everent	ion stated in S	ection 119 07(3)(i) Florida Statute	e I further cort	ifv that the i	ntormation	

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 informationated 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or off an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E037 (11/98)