

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010714

Entity Name: FLORIDA FAMILY POLICY COUNCIL, INC.**Current Principal Place of Business:**4853 S ORANGE AVE
STE C
ORLANDO, FL 32806**Current Mailing Address:**4853 S ORANGE AVE
STE C
ORLANDO, FL 32806**FEI Number:** 52-2436800**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEMBERGER, JOHN ESQ
4853 S ORANGE AVE
STE C
ORLANDO, FL 32806 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**Officer/Director Detail :**

Title C
Name MUTZ, BILL
Address 4853 S ORANGE AVE
STE C
City-State-Zip: ORLANDO FL 32806

Title PRESIDENT
Name STEMBERGER, JOHN T.
Address 4853 S ORANGE AVE
STE C
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name O'DONOGHUE, BRUCE
Address 4853 S ORANGE AVE
STE C
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name FENWICK, DALE
Address 4853 S ORANGE AVE
STE C
City-State-Zip: ORLANDO FL 32806

Title TREASURER
Name WATSON, ROBERT
Address 4853 S ORANGE AVE
STE C
City-State-Zip: ORLANDO FL 32806

Title VC
Name ADDISON, STEVE
Address 4853 S ORANGE AVE
STE C
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name TRAGOS, GEORGE
Address 4853 S ORANGE AVE
STE C
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name BROWN, BENNETT
Address 4853 S ORANGE AVE
STE C
City-State-Zip: ORLANDO FL 32806

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JOHN T STEMBERGER

PRESIDENT

01/22/2021

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MCGEHEE, MAC
Address	4853 S ORANGE AVE STE C
City-State-Zip:	ORLANDO FL 32806