

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000086

**Entity Name:** FLORIDA FAMILY ACTION, INC.**Current Principal Place of Business:**4853 S ORANGE AVE SUITE C  
ORLANDO, FL 32806**Current Mailing Address:**4853 S ORANGE AVE SUITE C  
ORLANDO, FL 32806**FEI Number:** 33-1108736**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEMBERGER, JOHN  
4853 S ORANGE AVE SUITE 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 CHAIRMAN  
Name MUTZ, BILL  
Address 4853 S ORANGE AVE  
C  
City-State-Zip: ORLANDO FL 32806

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

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

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

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

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

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

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

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*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 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 SUITE C
City-State-Zip:	ORLANDO FL 32806