

2015 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	1430 W MEMORIAL BLVD
City-State-Zip:	LAKELAND FL 33815-1231

Title	TREASURER
Name	WATSON, ROBERT
Address	11715 N FLORIDA AVE
City-State-Zip:	TAMPA FL 33612

Title	SECRETARY
Name	MANSOUR, MARK
Address	2610 SE 40TH STREET
City-State-Zip:	FT LAUDERDALE FL 33308

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	ERTL, THOMAS
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****01/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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