

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005492

Entity Name: FAMILY INTEGRITY TRAINING INC.**Current Principal Place of Business:**3855 PRO AM AVE E
BRADENTON, FL 34203**Current Mailing Address:**3855 PRO AM AVE E
BRADENTON, FL 34203 US**FEI Number:** 80-0420132**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRATT, DONALD L
3855 PRO AM AVE E
BRADENTON, FL 34203 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	PD
Name	PRATT, DONALD
Address	4211 55TH AVE. DR. EAST
City-State-Zip:	BRADENTON FL 34203

Title	TREASURER
Name	DEMOUEY, FRED
Address	5421 REBECCA LANE
City-State-Zip:	LAKELAND FL 33813

Title	DIRECTOR
Name	SHATTERLY, BEVERLY
Address	6067 ANCHOR VILLAGE LANE, PO BOX 10084
City-State-Zip:	SOUTH PORT NC 24861

Title	DIRECTOR
Name	JOHNSICK, JOSEPH
Address	925 SHERIDAN DR. UNIT 119
City-State-Zip:	CAREY OH 43316

Title	DIRECTOR
Name	WOODS, JOHN
Address	5449 TURBINE WAY
City-State-Zip:	PACE FL 32571

Title	VP
Name	JOHN, RINGLEB
Address	359 NORTH FORK DRIVE
City-State-Zip:	LAKELAND FL 33809-1424

Title	DIRECTOR
Name	HODDER, NORINE
Address	8024 RIDGEGREEN DR
City-State-Zip:	LAKELAND FL 33809-0809

Title	SECRETARY
Name	YULEE, JACQUELINE
Address	10909 BRANDON CHASE DR
City-State-Zip:	JACKSONVILLE FL 32219

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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: DONALD L PRATT**PRESIDENT****02/28/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LINN, TIM
Address 8436 RIDGEFIELD RD
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name HARROP, PRISCILLA
Address 9511 CEDAR TREE LN
City-State-Zip: LAKELAND FL 33810

Title DIRECTOR
Name MCALLISTER, ELOISE
Address 1400 OLD BARTOW EAGLE LAKE RD
APT 3103 A3
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name DRAWDY, BETTY H
Address 3275 26TH AVE E.
LOT 42
City-State-Zip: BRADENTON FL 34208

Title DIRECTOR
Name HILL, STEVEN
Address 1915 ALEXANDER DR
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name CAMPBELL, KAREN
Address 5316 53RD AVE E
LOT Q1
City-State-Zip: BRADENTON FL 34203