

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005064

Entity Name: FOR THE FAMILY, INC.**Current Principal Place of Business:**6909 N. ALBANY AVENUE
TAMPA, FL 33604-5336**Current Mailing Address:**6909 N. ALBANY AVENUE
TAMPA, FL 33604-5336**FEI Number: 71-0903236****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COX, W. WARD
6909 N. ALBANY AVENUE
TAMPA, FL 33604-5336 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 D
Name PROCTOR, MARK
Address 409 S. KINGS AVENUE
City-State-Zip: BRANDON FL 33511Title D
Name GIBSON, MARIA
Address 1813 ERIN BROOKE DRIVE
City-State-Zip: VALRICO FL 33594Title D
Name SINGER, GIL
Address 5104 S. WEST SHORE BOULEVARD
City-State-Zip: TAMPA FL 33611Title D
Name DAVIDSON, SUSAN
Address 2739 U.S. 19, SUITE 417
City-State-Zip: HOLIDAY FL 34691Title D.
Name NATHANI, ADEL
Address 4128 W. KENNEDY BLVD.
City-State-Zip: TAMPA FL 33609Title D.
Name BINGHAM, LINDA
Address 1414 EAST EMMA STREET
City-State-Zip: TAMPA FL 33603Title ADMINISTRATOR
Name COX, W. WARD
Address 6909 N. ALBANY AVENUE
City-State-Zip: TAMPA FL 33604

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: W. WARD COX**ADMINISTRATOR****04/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date