

**2014 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 33511

Title	D
Name	GIBSON, MARIA
Address	1813 ERIN BROOKE DRIVE
City-State-Zip:	VALRICO FL 33594

Title	D
Name	DAVIDSON, SUSAN
Address	2739 U.S. 19, SUITE 417
City-State-Zip:	HOLIDAY FL 34691

Title	D
Name	GRIFFITH, VIRGINIA
Address	9215 N. FLORIDA AVENUE, SUITE 104
City-State-Zip:	TAMPA FL 33612

Title	D
Name	SINGER, GIL
Address	5104 S. WEST SHORE BOULEVARD
City-State-Zip:	TAMPA FL 33611

Title	D
Name	KEEL, JIMMIE
Address	6705 32ND STREET
City-State-Zip:	TAMPA FL 33610

*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: MARK PROCTOR****DIRECTOR****04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date