

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006568

Entity Name: E 3 FAMILY SOLUTIONS, INC.**Current Principal Place of Business:**1206 W MAIN ST
LEESBURG, FL 34748**Current Mailing Address:**P O BOX 1497
BUSHNELL, FL 33513**FEI Number:** 32-0121356**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUDDLESTON, DARLA W
369 CR 476E
BUSHNELL, FL 33513 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	PRESIDENT
Name	GRADY, PATRICK T
Address	6658 COUNTY RD 625
City-State-Zip:	BUSHNELL FL 33513

Title	T
Name	SCARPELLI, PHIL
Address	305 N YORK ST.
City-State-Zip:	BUSHNELL FL 33513

Title	DIRECTOR
Name	HUNTER, NANCY
Address	2935 ALTA ST
City-State-Zip:	LEESBURG FL 34748

Title	DIRECTOR
Name	HALSEY, TAMMY
Address	6786 SUNNYSIDE DR
City-State-Zip:	LEESBURG FL 34748

Title	DIRECTOR
Name	ABOYTES, JOELL
Address	DEPARTMENT OF CHILDREN AND FAMILIES / CENTRAL REGION 1601 WEST GULF ATLANTIC HIGHWAY (SR 44)
City-State-Zip:	WILDWOOD FL 34785

Title	DIRECTOR
Name	BUCKNER, RACHEL
Address	35545 CYPRESS HAVEN WAY
City-State-Zip:	LEESBURG FL 34788

Title	DIRECTOR
Name	BLACKHALL, MIKE
Address	1206 W MAIN ST
City-State-Zip:	LEESBURG FL 34748

Title	FOUNDING DIRECTOR
Name	HUDDLESTON, DARLA
Address	P O BOX 1497
City-State-Zip:	BUSHNELL FL 33513

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: DARLA HUDDLESTON**EXECUTIVE DIRECTOR****01/24/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date