

2018 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 EC 476
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 VP
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 BLACKHALL, MIKE
Address 35236 W GRIFFIN DR
City-State-Zip: FRUITLAND PARK FL 34731

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

Title TREASURER
Name THIES, MARGE
Address 214 E VERMONT
City-State-Zip: BUSHNELL FL 33513

Continues on page 2

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****01/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name CAMP, LINDA
Address 25305 HIBISCUS ST.
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name SPITTLE, CARRINGTON MISS
Address 16 PALM DRIVE
City-State-Zip: YALAHA FL 34797