

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006568

Entity Name: E 3 FAMILY SOLUTIONS, INC.**Current Principal Place of Business:**369 E C 476
BUSHNELL, FL 33513**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	BLACKHALL, MIKE
Address	35236 W GRIFFIN DR
City-State-Zip:	FRUITLAND PARK FL 34731

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

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

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

Title	VP
Name	TRULUCK, STEVE
Address	934 BELLE OAK DR
City-State-Zip:	LEESBURG FL 34748

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

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

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

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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: DARLA W HUDDLESTON**EXECUTIVE DIRECTOR****01/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TRULUCK, CHRISTIE
Address 934 BELLE OAK DR.
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name PEPPER, DEBRA DR.
Address 228 MAGNOLIA CIRCLE
City-State-Zip: EUSTIS FL 32726