

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N04000006568

**Entity Name:** E 3 FAMILY SOLUTIONS, INC.

**Current Principal Place of Business:**

841 EAST CR 48  
BUSHNELL, FL 33513

**Current Mailing Address:**

P O BOX 2221  
BUSHNELL, FL 33513 US

**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        640 DEVONSHIRE WAY  
City-State-Zip: THE VILLAGES FL 32162

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

Title            DIRECTOR  
Name            HUNTER, NANCY  
Address        2935 ALTA ST  
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 2555  
City-State-Zip: BUSHNELL FL 33513

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

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

Title            DIRECTOR  
Name            TRULUCK, CHRISTIE  
Address        934 BELLE OAK DR.  
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 HUDDLESTON

**EXECUTIVE DIRECTOR**

**02/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title BOARD MEMBER  
Name MORRIS, JAMES  
Address 11430 CAMP MINE RD;  
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR  
Name THOMPSON, TANYA  
Address 10307 PLEASANT VIEW DR  
City-State-Zip: LEESBURG FL 34788