

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007150

**Entity Name:** PROFESSIONALS ASSISTING MILITARY FAMILIES & FRIENDS-PAMFF, INC

**FILED**  
**Jan 18, 2015**  
**Secretary of State**  
**CC2206240173**

**Current Principal Place of Business:**

3060 GRAND BAY BLVD., #143  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

P. O. BOX #2171  
SARASOTA, FL 34230 US

**FEI Number: 27-3157336**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

RUBIN, JOYCE  
3060 GRAND BAY BLVD., #143  
LONGBOAT KEY, FL 34228 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 PD  
Name RUBIN, JOYCE  
Address 3060 GRAND BAY BLVD., APT. 143  
City-State-Zip: LONGBOAT KEY FL 34228

Title VD  
Name WEISER, SHEILA  
Address 4320 FALMOUTH DR #B201  
City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR  
Name WELCH, LINDA  
Address P. O. BOX #2171  
City-State-Zip: SARASOTA FL 34230

Title TREASURER DIRECTOR  
Name TATE, SARAH  
Address 3040 GRAND BAY BLVD.  
#295  
City-State-Zip: LONGBOAT KEY FL 34228

*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: SARAH TATE**

**TREASURER DIRECTOR**

**01/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date