

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000006071

**Entity Name:** NATIONAL FAMILY PARTNERSHIP, INC.**Current Principal Place of Business:**2490 CORAL WAY, 3RD FLOOR  
MIAMI, FL 33145**Current Mailing Address:**2490 CORAL WAY, 3RD FLOOR  
MIAMI, FL 33145 US**FEI Number:** 52-1194748**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAPP, PEGGY B  
2490 CORAL WAY, 3RD FLOOR  
MIAMI, FL 33145 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 SAPP, PEGGY B  
Address 2490 CORAL WAY, SUITE 501  
City-State-Zip: MIAMI FL 33145

Title D  
Name WENGER, SIS  
Address 10920 CONNECTICUT AVENUE  
SUITE 100  
City-State-Zip: KENSINGTON MD 20895

Title DIRECTOR  
Name SOMMERS, AL  
Address 7401 FORT HUNT ROAD  
City-State-Zip: ALEXANDRIA VA 22307

Title DIRECTOR  
Name GEORGES, ALICIA  
Address 250 BEDFORD PARK BLVD.W, T3  
BLDG  
ROOM 209  
City-State-Zip: BRONX NY 10468

Title D  
Name CUSHING, JUDY  
Address 5100 SW MACADAMÂ AVENUE, SUITE  
400  
City-State-Zip: PORTLAND OR 97239

Title D  
Name CASH, THOMAS  
Address 2865 NE 35TH COURT  
City-State-Zip: FT. LAUDERDALE FL 33308

Title DIRECTOR  
Name VOTH, MICHELLE  
Address 5942 SW 29TH STREET  
City-State-Zip: TOPEKA KS 66614

Title DIRECTOR  
Name WARD, LATEASHA  
Address 155 E SUPERIOR STREET  
City-State-Zip: CHICAGO IL 60611

*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:** PEGGY B. SAPP**PRESIDENT****01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date