

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006071

Entity Name: NATIONAL FAMILY PARTNERSHIP, INC.**Current Principal Place of Business:**2490 CORAL WAY
303
MIAMI, FL 33145**Current Mailing Address:**2490 CORAL WAY
303
MIAMI, FL 33145 US**FEI Number:** 52-1194748**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SAPP, PEGGY B
2490 CORAL WAY
303
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 MACADAMA 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/CEO****05/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date