2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90194 011 ****61.25

DOCUMENT # 766270

1. Entity Name
THE INFORMED FAMILIES/THE FLORIDA FAMILY PARTNERSHIP, INC.

Principal Place of Business	Mailing Address
2490 CORAL WAY MIAMI, FL 33145-3449	2490 CORAL WAY MIAMI, FL 33145-3449

04082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2231894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAPP, PEGGY B
2490 CORAL WAY
MIAMI, FL 33145-3449

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAKUBOWICZ, ELENA 2000 S BAYSHORE DR VILLA #44 COCONUT GROVE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE CHAIR CALDWELL, CARMEN 620 W 17 St. Hialeah, FL 33010	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAPP, PEGGY B 7201 SW 47TH CT MIAMI, FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS DAVID JR. 17640 NW 18 AVE. MIAMI, FL 33056	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER FARRA, MIGUEL 1001 Brickell Bay Dr., 9th FL MIAMI, FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CESARANO, GREGORY 100 SE 2 ST #4000 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C KORGE, DEBORAH 6121 GRANADA BLVD CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHARP, BEVERLY A PO BOX 163839 MIAMI, FL 33116	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY RUSSELL, MARY SCOTT 6730 Sunset Dr. So. Miami, FL 33143	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy B Sapp Peggy Sapp 305 856 8446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #