

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766270

FILED
Jan 23, 2009
Secretary of State

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

Current Principal Place of Business:

2490 CORAL WAY
MIAMI, FL 331453449

New Principal Place of Business:

Current Mailing Address:

2490 CORAL WAY
MIAMI, FL 331453449

New Mailing Address:

FEI Number: 59-2231894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAPP, PEGGY B
2490 CORAL WAY
MIAMI, FL 331453449 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PASALODOS, OMAR
Address: 95 HERRICK WAY STE. 380
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: SAPP, PEGGY B
Address: 2901 SO. BAYSHORE DR., #8C
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: T () Delete
Name: HOFMANN, JOHN
Address: 329 GRANELLO AVE.
City-St-Zip: CORAL GABLES, FL 33146 US

Title: S () Delete
Name: LOPEZ, MARY M
Address: 125 SO. PROSPECT DR.
City-St-Zip: CORAL GABLES, FL 33133 US

Title: VC () Delete
Name: FAY, MICHAEL
Address: 95 MERRICK WAY STE. 380
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: PASALODOS, OMAR
Address: 100 SUNRISE AVENUE
City-St-Zip: CORAL GABLES, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LEVITT, RONA
Address: 6700 N. ANDREWS AVE. STE 300
City-St-Zip: FT LAUDERDATE, FL 33309 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY R. SMITH

SR V

01/23/2009

Electronic Signature of Signing Officer or Director

Date