2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 26, 2005
Secretary of State

DOCUMENT# F99000006071

Entity Name: NATIONAL FAMILY PARTNERSHIP, INC.

Current Principal Place of Business:

2490 CORAL WAY, SUITE 501
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2490 CORAL WAY, SUITE 501
MIAMI, FL 33145

New Mailing Address:

FEI Number: 52-1194748 **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, SUITE 501
MIAMI, FL 33145 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: PEGGY B. SAPP

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SAPP, PEGGY B	
Address:	2490 CORAL WAY, SUITE 501	
City-St-Zip:	MIAMI, FL 33145	
Title:	VD	( ) Delete
Name:	WIESER, JOSEPH A	
Address:	1704 MAYFLOWER ST.	
City-St-Zip:	NEW HOLSTEIN, WI 53061	
Title:	D	(X) Delete
Name:	HUDSON, DOROTHY	
Address:	21 LAURIE CIRCLE	
City-St-Zip:	JACKSON, TN 38305	
Title:	T	( ) Delete
Name:	WALTER, TIMM	
Address:	1401 S. HANLEY RD.	
City-St-Zip:	BRENTWOOD, MO 63144	
Title:	D	( ) Delete
Name:	GEORGES, ALICIA	
Address:	836 TILDEN STREET 4-D	
City-St-Zip:	BRONX, NY 10476	
Title:	D	( ) Delete
Name:	CUSHING, JUDY	
Address:	6443 SW BEAVERTON HOMSDALE HWY	
City-St-Zip:	PORTLAND, OR 972211164	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PEGGY B. SAPP PRES 01/26/2005

Electronic Signature of Signing Officer or Director — Date