

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90002 005 ****70.00

DOCUMENT # F99000006071

1. Entity Name
NATIONAL FAMILY PARTNERSHIP, INC.



Principal Place of Business
2490 CORAL WAY, SUITE 501
MIAMI, FL 33145

Mailing Address
2490 CORAL WAY, SUITE 501
MIAMI, FL 33145

40097896



06302006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1194748

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, SUITE 501
MIAMI, FL 33145

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IN THIS SPACE**

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 September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAPP, PEGGY B
STREET ADDRESS 2490 CORAL WAY, SUITE 501
CITY-ST-ZIP MIAMI, FL 33145

TITLE VD
NAME WIESER, JOSEPH A
STREET ADDRESS 1704 MAYFLOWER ST.
CITY-ST-ZIP NEW HOLSTEIN, WI 53061

TITLE T
NAME WALTER, TIMM
STREET ADDRESS 1401 S. HANLEY RD.
CITY-ST-ZIP BRENTWOOD, MO 63144

TITLE D
NAME GEORGES, ALICIA
STREET ADDRESS 836 TILDEN STREET 4-D
CITY-ST-ZIP BRONX, NY 10476

TITLE D
NAME CUSHING, JUDY
STREET ADDRESS 6443 SW BEAVERTON HOMSDALE HWY
CITY-ST-ZIP PORTLAND, OR 972211164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/06