2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # F99000006071

1. Entity Name
NATIONAL FAMILY PARTNERSHIP, INC.

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

DO NOT WRITE IN THIS SPACE

03292007 No Chg-NP CR2E037 (4/06)

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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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 Peggy B. Sapp 4/9/07
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, 2007

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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05/03/07-80014-010 70.00

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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: Peggy B. Sapp 4/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #