

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006071

FILED
Jan 21, 2009
Secretary of State

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:

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: 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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: CUSHING, JUDY
Address: 6443 SW BEAVERTON HOMSDALE HWY
City-St-Zip: PORTLAND, OR 97221

Title: T (X) Change () Addition
Name: HARRIS, ADA
Address: 155 EAST SUPERIOR STREET
City-St-Zip: CHICAGO, IL 60611

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

Title: D (X) Change () Addition
Name: LUNSFORD, KERRIE
Address: P.O. BOX 2291
City-St-Zip: RANCHO SANTO FE, CA 92067

Title: D () Change (X) Addition
Name: CASH, THOMAS
Address: 1200 BRICKELL AVENUE, 20TH FLOOR
City-St-Zip: MIAMI, FL 33131

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: PEGGY B. SAPP

PD

01/21/2009

Electronic Signature of Signing Officer or Director

Date