2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002213

FILED Apr 20, 2005 Secretary of State

Entity Name: PARTNERSHIP FOR STRONG FAMILIES, INC.

Current Principal Place of Business: New Principal Place of Business: 315 SE 2ND AVE GAINESVILLE, FL 32601 **Current Mailing Address: New Mailing Address:** 315 SE 2ND AVE GAINESVILLE, FL 32601 FEI Number: 03-0423150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURPHY, STEVEN MURPHY, STEVEN J 315 SE 2ND ST 315 SE 2ND AVE GAINESVILLE, FL 32601 US GAINESVILLE, FL 32601 US 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: PARTNERSHIP FOR STRONG FAMILIES 04/20/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DEMARK, DIANE Name: Name: 1485 SOUTH SEMORAN BLVD. #1448 Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PRISCO, JOANN Name: Address: 311 S SECOND ST Address: City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: Title: () Delete Title: () Change () Addition KATZ, SHELLY Name: Name: 605 NE 1ST STREET Address: Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: Title: () Delete Title: (X) Change () Addition BOCCABELLA, LOU Name: JAMES, PATRICK Name: 1485 S SEMORAN BLVD STE 1448 Address: Address: 311 SOUTH SECOND ST City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: FORT PIERCE, FL 34950 Title: Title: () Delete () Change () Addition LABARTA, MARGARITA Name: Name: 4310 SW 13TH ST Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: () Delete Title: (X) Change () Addition WINTERS, JAMES DOBBIN, ELIZABETH J Name: Name: Address: 414 NW 91ST ST Address: 4310 SW 13TH ST GAINESVILLE, FL 32607 GAINESVILLE, FL 32608 City-St-Zip: 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: STEVEN J. MURPHY CEO 04/20/2005