

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002213

FILED  
Oct 24, 2008  
Secretary of State

**Entity Name:** PARTNERSHIP FOR STRONG FAMILIES, INC.

**Current Principal Place of Business:**

515 N MAIN STREET  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

515 N. MAIN STREET  
GAINESVILLE, FL 32601

**New Mailing Address:**

515 N MAIN STREET  
GAINESVILLE, FL 32601

**FEI Number:** 03-0423150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MURPHY, STEVEN J  
515 N. MAIN STREET  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

SALAMIDA, SHAWN D  
515 N. MAIN STREET  
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: SHAWN D. SALAMIDA

10/24/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: BM ( ) Delete  
Name: DUNLAP, JOE G  
Address: 600 SW 23 PLACE  
City-St-Zip: GAINESVILLE, FL 32601

Title: C ( ) Delete  
Name: STRINGFELLOW, JIM  
Address: 4941 SW 91ST TERRACE, STE. 101  
City-St-Zip: GAINESVILLE, FL 326089106

Title: BM ( ) Delete  
Name: CHILDS, GINGER  
Address: 3916 SW 69TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: ST ( ) Delete  
Name: BOWIE, MICHAEL DR  
Address: G415 NORMAN HALL  
City-St-Zip: GAINESVILLE, FL 32611 70

Title: BM ( ) Delete  
Name: HOVEY, MARY-ANNA DR  
Address: 3131 NW 9TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: VC ( ) Delete  
Name: HALEY, JO  
Address: PO BOX 1385  
City-St-Zip: LAKE CITY, FL 32056

**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: BM (X) Change ( ) Addition  
Name: PEDDIE, EDWARD C  
Address: 3007 NORTHWEST 58TH BLVD  
City-St-Zip: GAINESVILLE, FL 32606

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

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: JIM STRINGFELLOW

C

10/24/2008

Electronic Signature of Signing Officer or Director

Date