2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N02000002213

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:

FEI Number: 03-0423150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SALAMIDA, SHAWN D
515 N. MAIN STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

SALAMIDA, SHAWN D CEO
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 SALAMIDA 02/26/2009
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: PEDDIE, EDWARD C
Address: 3007 NORTHWEST 58TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

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

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 02/26/2009
Electronic Signature of Signing Officer or Director Date