

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002213

FILED
Jan 07, 2010
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:

FEI Number: 03-0423150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAMIDA, SHAWN D CEO
515 N. MAIN STREET
GAINESVILLE, FL 32601 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: BM
Name: DUNLAP, JOE G
Address: 600 SW 23 PLACE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: C
Name: STRINGFELLOW, JIM
Address: 4941 SW 91ST TERRACE, STE. 101
City-St-Zip: GAINESVILLE, FL 32608 US

Title: BM
Name: DARNELL, SADIE SHERIFF
Address: PO BOX 1210
City-St-Zip: GAINESVILLE, FL 32602 US

Title: ST
Name: BOWIE, MICHAEL DR.
Address: G415 NORMAN HALL
City-St-Zip: GAINESVILLE, FL 32611 US

Title: BM
Name: PEDDIE, EDWARD C
Address: 3007 NORTHWEST 58TH BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

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

I hereby 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 all other like empowered.

SIGNATURE: SHAWN SALAMIDA

CEO

01/07/2010

Electronic Signature of Signing Officer or Director

Date