

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000005242

1. Entity Name
AMERICANS PROTECTING FAMILY VALUES, INC.



Principal Place of Business
12882 SW 60TH TERRACE
MIAMI, FL 33183

Mailing Address
12882 SW 60TH TERRACE
MIAMI, FL 33183

06 FEB -1 AM 10:53
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Roberts

FEB 01 2006



01192006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
20-1141741

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NARANJO, JULIO
12882 SW 60TH TERRACE
MIAMI, FL 33183

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NARANJO, JULIO
STREET ADDRESS	12882 SW 60TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D
NAME	RODRIGUEZ, BARBARA
STREET ADDRESS	15373 SW 39TH LANE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	D
NAME	RODRIGUEZ, JARNETTE G
STREET ADDRESS	1985 NW 88TH COURT, SUITE 101
CITY-ST-ZIP	DORAL, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500065567035
02/10/06--01021--005 **61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jarnette Rodriguez, Treas

1/05/06

(305) 593-2644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #