

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007311

FILED
May 01, 2008
Secretary of State

Entity Name: US FAMILY HELP, INC.

Current Principal Place of Business:

4775 HARRIS AVENUE
SARASOTA, FL 34233

New Principal Place of Business:

1340 NEW FOREST LANE
OSPREY, FL 34229

Current Mailing Address:

4775 HARRIS AVENUE
SARASOTA, FL 34233

New Mailing Address:

1340 NEW FOREST LANE
OSPREY, FL 34229

FEI Number: 20-5161167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, VERONICA A
4775 HARRIS AVE
SARASOTA, FL 34233 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: D () Delete
Name: THOMPSON, VERONICA
Address: 4775 HARRIS AVENUE
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: TELLEZ, CAMILA
Address: 4775 HARRIS AVENUE
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: MARTINEZ, ZAIDA
Address: 4775 HARRIS AVENUE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THOMPSON, VERONICA
Address: 1340 NEW FOREST LANE
City-St-Zip: OSPREY, FL 34229

Title: D (X) Change () Addition
Name: TELLEZ, CAMILA
Address: 1340 NEW FOREST LANE
City-St-Zip: OSPREY, FL 34229

Title: D (X) Change () Addition
Name: MARTINEZ, ZAIDA
Address: 1340 NEW FOREST LANE
City-St-Zip: OSPREY, FL 34229

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: VERONICA THOMPSON

PRE

05/01/2008

Electronic Signature of Signing Officer or Director

Date