

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004841

FILED  
Feb 08, 2011  
Secretary of State

Entity Name: ALL ONE FAMILY INC

**Current Principal Place of Business:**

1693 ANTHEM ROAD  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

1693 ANTHEM ROAD  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: 51-0637002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRIFFITH, WALTER T III  
1693 ANTHEM ROAD  
THE VILLAGES, FL 32162 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: T  
Name: GRIFFITH, WALTER T III  
Address: 1693 ANTHEM ROAD  
City-St-Zip: THE VILLAGES, FL 32162

Title: P  
Name: GRIFFITH, BARBARA M  
Address: 1693 ANTHEM ROAD  
City-St-Zip: THE VILLAGES, FL 32162

Title: D  
Name: READ, HELEN  
Address: 1698 SANDERLING ROAD  
City-St-Zip: THE VILLAGES, FL 32162

Title: VC  
Name: FORD, EDWARD D  
Address: 1707 ANTHEM ROAD  
City-St-Zip: THE VILLAGES, FL 32162

Title: D  
Name: BEEHLER, SHEILA  
Address: 1575 PELICAN PASS  
City-St-Zip: THE VILLAGES, FL 32162

Title: S  
Name: ALBERS, GAIL F  
Address: 1114 MAGRATH WAY  
City-St-Zip: THE VILLAGES, FL 32162

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: WALTER T. GRIFFITH, III

T

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date