

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005808

FILED  
Jun 12, 2011  
Secretary of State

**Entity Name:** SAVE OUR FAMILIES FUTURE, INC.

**Current Principal Place of Business:**

2393 S CONGRESS AVE STE 200  
W PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6211  
LAKE WORTH, FL 33466

**New Mailing Address:**

**FEI Number:** 26-0348273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FLEURANT, GUIVENER  
218 SUPERIOR PLACE  
W PALM BEACH, FL 33409 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:** CEOF  
**Name:** FLEURANT, GUIVENER  
**Address:** 218 SUPERIOR PLACE  
**City-St-Zip:** WEST PALM BEACH, FL 33409

**Title:** EVP  
**Name:** CHARLES, PRISCA  
**Address:** 2393 S. CONGRESS AVE  
**City-St-Zip:** WEST PALM BEACH, FL 33406

**Title:** ADMI  
**Name:** TELFORT, DRAITON  
**Address:** 2393 S CONGRESS AVE STE 200  
**City-St-Zip:** W PALM BEACH, FL 33406

**Title:** ES  
**Name:** SAUVEUR, SONITHE  
**Address:** 2393 S CONGRESS AVE STE 200  
**City-St-Zip:** W PALM BEACH, FL 33406

**Title:** ADVI  
**Name:** MOFFAT, MICHEAL  
**Address:** 2393 S. CONGRESS, AVE, SUITE 200  
**City-St-Zip:** WEST PALM BEACH, FL 33406

**Title:** MEMB  
**Name:** JAMES, LEGER  
**Address:** 2393 S. CONGRESS, SUITE 200  
**City-St-Zip:** WEST PALM BEACH, FL 33406

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:** GUIVENER FLEURANT

CEOF

06/12/2011

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

\_\_\_\_\_  
Date