

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21612

FILED
Apr 26, 2005
Secretary of State

Entity Name: CARING FOR POSTAL FAMILIES, INC.

Current Principal Place of Business:

465 FLEMING AVE
GREEN ACRES, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 18853
WEST PALM BEACH, FL 33416 US

New Mailing Address:

FEI Number: 65-0009068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKS, RAE
FRANKS & MEGIAS, ATTORNEYS
1000 SOUTHERN BOULEVARD, SUITE 201
W. PALM BEACH, FL 33405 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: OLSON, PAUL,
Address: 16224 FOUR WOOD WAY
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: GUEST, RAVEN
Address: 465 FLEMING AVE
City-St-Zip: GREEN ACRES, FL 33463

Title: D () Delete
Name: COLLINS, MARY
Address: 3200 SUMMIT BLVD
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: D () Delete
Name: ADNOT, MICHELLE
Address: 3415 DIANE DR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: SASSO, CECILLE
Address: 106 WOODLAKE CIR
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: DEMARTIO JR., DOMINIC
Address: 6105 N. WICKHAM RD
City-St-Zip: MELBOURNE, FL 32940 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAVEN M. GUEST

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date