

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21612

FILED  
Apr 20, 2009  
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 (X)**

**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:**

FRANKS, RAE  
224 DATURA STREET  
SUITE 900  
W. PALM BEACH, FL 33401 US

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: RAE FRANKS

04/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: REXROTH, MEL  
Address: 1840 ALICE AVE  
City-St-Zip: WEST PALM BEACH, FL 33406

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: VACANT, AT THIS TIME  
Address: P O BOX 18853  
City-St-Zip: WEST PALM BEACH, FL 33416 US

Title: D ( ) Delete  
Name: PRESTON, MACK  
Address: 3207 SE OTIS LN  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: D ( ) Delete  
Name: VACANT, AT THIS TIME  
Address: P O BOX 18853  
City-St-Zip: WEST PALM BEACH, FL 33416 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PRESIDENT, VACANT AT THIS TIME  
Address: P.O. BOX 18853  
City-St-Zip: WEST PALM BEACH, FL 33416

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  
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 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: RAVEN GUEST, SECRETARY/TREASURER

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date