

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21612

FILED
Mar 04, 2010
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
224 DATURA STREET
SUITE 900
W. PALM BEACH, FL 33401 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
Name: PRESIDENT, VACANT AT THIS TIME
Address: P.O. BOX 18853
City-St-Zip: WEST PALM BEACH, FL 33416

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

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

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

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

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

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: RAVEN M. GUEST

TRES

03/04/2010

Electronic Signature of Signing Officer or Director

Date