


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005742 1. Entity Name U. S. FAMILY FOUNDATION, INC.	
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Principal Place of Business 450 PLEASANT GROVE ROAD INVERNESS, FL 34452-5725	Mailing Address 450 PLEASANT GROVE ROAD INVERNESS, FL 34452-5725
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02142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3412016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCRANIE, ROBERT E III 450 PLEASANT GROVE ROAD INVERNESS, FL 34452-5725
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAAG, JEANNETTE M 1833 KIMBERLY LANE INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRANIE, ROBERT E III 450 PLEASANT GROVE ROAD INVERNESS, FL 344525725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGG, LARRY 1833 KIMBERLY LANE INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARDLOW, ROBERT C III 450 PLEASANT GROVE ROAD INVERNESS, FL 344525725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASH, PAUL J 154 SE 7TH AVE. CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000233606
02/17/05-80050-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #