

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90107 001 ****61.25

DOCUMENT # N96000005742

1. Entity Name
U. S. FAMILY FOUNDATION, INC.



Principal Place of Business
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452-5725

Mailing Address
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452-5725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3412016

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

7. Name and Address of New Registered Agent

Name
DONNA LONGHOUSE

Street Address (P.O. Box Number is Not Acceptable)
501 EAST KENNEDY BOULEVARD

City **TAMPA** **FL** Zip Code **33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAAG, JEANNETTE M 1833 KIMBERLY LANE INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRANIE, ROBERT E III 450 PLEASANT GROVE ROAD INVERNESS, FL 344525725	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGG, LARRY 1833 KIMBERLY LANE INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARDLOW, ROBERT C III 450 PLEASANT GROVE ROAD INVERNESS, FL 344525725	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASH, PAUL J 154 SE 7TH AVE. CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Robert E. McCranie III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06
Date

(352) 637-4424
(352) 726-1120
Daytime Phone #

ATTACHMENT

60022694

196000005742

U.S. FAMILY FOUNDATION, INC.

2006 NOT FOR PROFIT CORPORATION ANNUAL REPORT

TITLE	D
NAME	Karen L. Thurman
STREET ADDRESS	9067 South West Blue Run Drive
CITY-STATE-ZIP	Dunnellon, FL 34432

TITLE	D
NAME	Chester V. Cole
STREET ADDRESS	130 Heights Avenue
CITY-STATE-ZIP	Inverness, FL 34452

TITLE	D
NAME	Dr. Stephen W. Alcorn
STREET ADDRESS	2837 South Circle Drive
CITY-STATE-ZIP	Inverness, FL 34450

TITLE	D
NAME	Wann V. Robinson
STREET ADDRESS	2305 Highway 44 West
CITY-STATE-ZIP	Inverness, FL 34453