2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Feb 08, 2007 08:00 AM **Secretary of State**

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1. Entity Name

U. S. FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

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



02022007 No Chg-NP

CR2E037 (4/06)

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

LONGHOUSE, DONNA 501 EAST KENNEDY BOULEVARD TAMPA, FL 33602

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			IN THIS STAGE							
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.	GNATURE Signature, typed or printed name of registered agent and fille if applicable. (NOTE, Registered Agent signature required when reinstating) DATE									
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000628373 02/16/07-80012-027 70.00					
10.										
NAME STREET ADDRESS CITY-ST-ZIP	D COLE, CHESTER V 130 HEIGHTS AVENUE INVERNESS, FL 34452									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCCRANIE, ROBERT E III 450 PLEASANT GROVE ROAD INVERNESS, FL 344525725		·							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCORN, STEPHEN W DR 2837 SOUTH CIRCLE DRIVE INVERNESS, FL 34450		DO NOT WRITE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARDLOW, ROBERT C III \$ 450 PLEASANT GROVE ROAD INVERNESS, FL 344525725			IN '	THIS SPACE					
TITLE WAME STREET ADDRESS CITY-ST-ZIP	TS CASH, PAUL J 154 SE 7TH AVE. CRYSTAL RIVER, FL 34429									
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D THURMAN, KAREN L 9067 SOUTH WEST BLUE RUN DRIVE DUNNELLON, FL 34432									
12. I hereby of indicated	certify that the information supplied with this fill on this report or supplemental report is true as	ng does not qualify for the exe	mptions course shall have	ntained in Chapter 119 te the same legal effect	9, Florida Statutes. I further certify that the information of as if made under path; that I am an officer or director					

of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 517, 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daylime Phone #