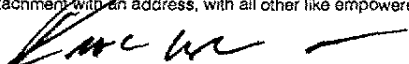


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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
DO NOT WRITE IN THIS SPACE		
		 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		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 _____ 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, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees U00000628373 02/16/07-80012-027 70.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE 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	
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	TS CASH, PAUL J 154 SE 7TH AVE. CRYSTAL RIVER, FL 34429	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURMAN, KAREN L 9067 SOUTH WEST BLUE RUN DRIVE DUNNELLON, FL 34432	
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 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		Date: 2/5/07 Daytime Phone #