

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005742

FILED
Feb 06, 2009
Secretary of State

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

Current Principal Place of Business:

450 PLEASANT GROVE ROAD
INVERNESS, FL 344525725

New Principal Place of Business:

Current Mailing Address:

450 PLEASANT GROVE ROAD
INVERNESS, FL 344525725

New Mailing Address:

FEI Number: 59-3412016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LONGHOUSE, DONNA
501 EAST KENNEDY BOULEVARD
TAMPA, FL 33602 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 () Delete
Name: COLE, CHESTER V
Address: 130 HEIGHTS AVENUE
City-St-Zip: INVERNESS, FL 34452

Title: M () Delete
Name: MCCRANIE, ROBERT E III
Address: 450 PLEASANT GROVE ROAD
City-St-Zip: INVERNESS, FL 344525725

Title: D () Delete
Name: ALCORN, STEPHEN W DR
Address: 2837 SOUTH CIRCLE DRIVE
City-St-Zip: INVERNESS, FL 34450

Title: P () Delete
Name: WARDLOW, ROBERT C III
Address: 450 PLEASANT GROVE ROAD
City-St-Zip: INVERNESS, FL 344525725

Title: TS () Delete
Name: CASH, PAUL J
Address: 154 SE 7TH AVE.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: THURMAN, KAREN L
Address: 9067 SOUTH WEST BLUE RUN DRIVE
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT E. MCCRANIE, III

M

02/06/2009

Electronic Signature of Signing Officer or Director

Date