2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N9700000 SFAMILY FOUNDATION, IN			03-13-200	08 90025 048 **	***61.25	
Principal Place 1100 SOUTH APARTMENT MAITLAND, F	ORLANDO AVENUE 703	Mailing Address 1100 SOUTH ORLAND APARTMENT 703 MAITLAND, FL 32751	O AVENUE	·			IIII 1830II II 1881
	Mayflower Ct.	3. Mailing Address 175 Wind (wood Poi			<u> </u>	
Apt.	A 204	Oin & State		01162		CR2E037 (12)	
Winte	er Park, FL.	St. Chir S			Number -2288064		Applied For Not Applicable
3279	Country 2	48080	Country	5. Cert	ificate of Status Desire		5 Additional equired
	6Name and Address of Current F	Registered Agent	Name	7Nan	e and Address of No	ew Registered Agent	
1100 SOU	ARDELL H TH ORLANDO AVENUE NT 703 O, FL: 32751			ddress (P.O. Box O May	Number is Not Accep	tables t	2 Code
	4 4		Win	ter Pa	rk	FL A	332792
	named entity submits this statement for	the purpose of changing its	registered office or	registered agent	or both, in the State of	oi Horida. I am iamiliai	with, and accept
the obligati	ions of registèred agent.	O. a Ara	le11 H .	Clelano	1 2/1	7/08	4.7
	Signature, typed or printed name of registered agent a	2 Ara nd title d'applicable. (NOT	ell H (Clelana ore required when reinsta	(2/1	7/08	<u> </u>
the obligati	Trace Clas		ell H ; (E. Registered Agent signation paign Financing Contribution.	Clelance ire required when reinster \$5.00 Added to		7/08 DATE Make check paya Florida Department	
the obligation of the obligati	Signature, howed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008 ;OFFICERS AND DIR	Trust Fund (Contribution.	☐ Added to	Fees	Florida Department	of State
signature	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008 ;OFFICERS AND DIR	Trust Fund (11. IIILE	Added to	Fees	Florida Department FICERS AND DIRECTO	of State IRS IN 10 Iange Addition
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SIGNATURE 10.: TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008 ;OFFICERS AND DIR VPD CLELAND, ARDELL H 1100 SOUTH ORLANDO AVE., A MAITLAND, FL 32751 PD	Trust Fund (ECTORS	Contribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to	Fees	Florida Department	of State ORS IN 10 Lange
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report of 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.

Robert H. Cleland 2/17/08 313234-5525