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Secretary of State

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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000007189

1. Entity Name
UNITED FOR FAMILIES, INC.

Principal Place of Business	Mailing Address
10570 S. FEDERAL HWY SUITE 201 PORT SAINT LUCIE, FL 34952	1485 S SEMORAN BLVD SUITE 1448 WINTER PARK, FL 32792

04272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3616410 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATRICK, JIM 1485 S SEMORAN BLVD SUITE 1448 WINTER PARK, FL 32792	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEMARK, DIANE 1253 VIA DEL MAR WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Demark, Diane 1253 Via Del Mar ~~Winter Park, FL 32789~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOCCABELLA, LOUIS 153 CAVALIER STREET PALM BAY, FL 32909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Boccabella, Louis 153 Cavalier Street ~~Palm Bay, FL 32909~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILBERMAN, MARJORYE 10570 S. FEDERAL HWY, STE 201 PORT SAINT LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Patrick, James 1485 S. Semoran Blvd #1448 ~~Winter Park, Florida 32792~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORRIS, CRIAG 4813 HARVEST GLEN COURT FREDERICKSBURG, VA 22408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bruhn, John 415 Avenue A, Suite 6 Fort Pierce, Fl 34950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARBARINO-MAY, THERESA 10570 S. FEDERAL HWY, STE 201 PORT SAINT LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pellegrino, Elizabeth 311 S. Second Street Fort Pierce, FL 34950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRISCO, JO-ANN 2641 SW TANFORAN BLVD PORT SAINT LUCIE, FL 34987	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Quam, Robert 45oo W. Midway Road ~~Fort Pierce, Florida 34981~~	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/27/04 321-397-3006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DIANE DEMARK