2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007189

Entity Name: UNITED FOR FAMILIES, INC.

FILED Jul 26, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
SUITE 201	EDERAL HWY IT LUCIE, FL 34952		
Current Mailing Address:		New Mailing Address:	
SUITE 1448	MORAN BLVD 3 ARK, FL 32792		
	e with s. 607.193(2)(b), F.S., the corporation did not receive t	·=).
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
SUITE 1448	MORAN BLVD		
The above in the State	named entity submits this statement for the purpose of Florida.	of changing it	s registered office or registered agent, or both,
SIGNATURE:			
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SD () Delete DEMARK, DIANE 1253 VIA DEL MAR WINTER PARK, FL 32789	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PD () Delete BOCCABELLA, LOUIS 153 CAVALIER STREET PALM BAY, FL 32909	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete PATRICK, JAMES 1485 S. SEMORAN BLD., #1448 WINTER PARK, FL 32792	Title: Name: Address: City-St-Zip:	D (X) Change () Addition QUAM, ROBERT 4500 W. MIDWAY ROAD FORT PIERCE, FL 34981
Title: Name: Address: City-St-Zip:	D () Delete BRUHN, JOHN 145 AVENUE A, SUITE 6 FORT PIERCE, FL 34950	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PRISCO, JO-ANN 311 S. SECOND STREET FORT PIERCE, FL 34950
Title: Name: Address: City-St-Zip:	D () Delete GARBARINO-MAY, THERESA 10570 S. FEDERAL HWY, STE 201 PORT SAINT LUCIE, FL 34952	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete PRISCO, JO-ANN 2641 SW TANFORAN BLVD PORT SAINT LUCIE, FL 34987	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BRIEN, KIM 1485 S. SEMORAN BLVD. WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOUIS BOCCABELLA D 07/26/2005