

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 04, 2007
Secretary of State

DOCUMENT# N99000007189

Entity Name: UNITED FOR FAMILIES, INC.**Current Principal Place of Business:**10570 S. FEDERAL HWY
SUITE 300
PORT SAINT LUCIE, FL 34952**New Principal Place of Business:****Current Mailing Address:**10570 S. FEDERAL HWY
SUITE 300
PORT SAINT LUCIE, FL 32952**New Mailing Address:****FEI Number:** 59-3616410**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PATRICK, JIM
1485 S SEMORAN BLVD
SUITE 1448
WINTER PARK, FL 32792 US**Name and Address of New Registered Agent:**CHRISTINE, DEMETRIADES
10570 S. FEDERAL HIGHWAY
SUITE 300
PORT ST. LUCIE, FL 34952 US

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: CHRISTINE W. DEMETRIADES

06/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DEMETRIADES, CHRISTINE W MRS.
Address: 10570 S. FEDERAL HIGHWAY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: BP () Delete
Name: MCCOY, PAT
Address: 3000 NW 10TH TERRACE
City-St-Zip: PALM BAY, FL 32909

Title: BM () Delete
Name: BOUCHARD, DEBBIE
Address: 10570 S. US HIGHWAY 1 SUITE 100
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: BM () Delete
Name: FOOTE, SANDRA
Address: 5936 NW BRENDA CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: BM () Delete
Name: SADE, SCOTT MR.
Address: 729 S. FEDERAL HIGHWAY, SUITE 300
City-St-Zip: STUART, FL 34994

Title: BM () Delete
Name: STEVENSON, ROBERT
Address: 800 JACK JAMES DRIVE
City-St-Zip: STUART, FL 34997

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
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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: CERENA T. WALLACE

EA

06/04/2007

Electronic Signature of Signing Officer or Director

Date