

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007189

FILED
Jan 13, 2010
Secretary of State

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:

CHRISTINE, DEMETRIADES W MRS.
10570 S. FEDERAL HIGHWAY
SUITE 300
PORT ST. LUCIE, FL 34952 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: CEO
Name: DEMETRIADES, CHRISTINE W MRS.
Address: 10570 S. FEDERAL HIGHWAY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: BP
Name: MCCOY, PAT
Address: 3000 NW 10TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34972

Title: SECY
Name: CLARO, FRANK
Address: 120 INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950

Title: VP
Name: CIAMPI, EDWARD
Address: 1315 SW MARTIN HIGHWAY
City-St-Zip: PALM CITY, FL 34990

Title: BM
Name: MORRIS-MILLER, MICHELLE
Address: 8505 S. FEDERAL HIGHWAY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: BM
Name: SIMON, STEVEN
Address: 7410 US HIGHWAY 1; SUITE 406
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: CERENA WALLACE

MS.

01/13/2010

Electronic Signature of Signing Officer or Director

Date