## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000106069

Entity Name: SINGLE PARENTS IN NEED OF FLORIDA INC.

FILED Jun 02, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	TLANTIC BLVE E, FL 33063	D, STE 122 US			
Current Mailing Address:			New Mailing Address:		
	TLANTIC BLVI E, FL 33063	D, STE 122 US			
FEI Number:	: 30-0517049	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired (X)
Name and	Address of C	Current Registered Agent:	Name and	l Address (	of New Registered Agent:
251 CARC	KIMBERLY C DLINA AVENUE JDERDALE, FI				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	its registere	ed office or registered agent, or both,
SIGNATUR	RE:				
	Electror	nic Signature of Registered Age	ent		Date
		3(2)(b), F.S., the corporation did no	ot receive the prior notic	e.	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
			Title:		
Title: Name:	EVANS, SHERI	) Delete RILLA	Name:	D EVANS, SH	(X) Change ()Addition IFRRILLA
Address:	5578 COURTY		Address:		T ATLANTIC BLVD, STE 122
City-St-Zip:	MARGATE, FL		City-St-Zip:		FL 33063 US
Title:	VP (	) Delete	Title:	D	(X) Change ( ) Addition
Name:	GREENE, KIME		Name:	GREENE, H	KIMBERLY C
Address:	251 CAROLINA	AVENUE	Address:	7378 WES	T ATLANTIC BLVD, STE 122
City-St-Zip:	FORT LAUDER	DALE, FL 33312 US	City-St-Zip:		FL 33063 US
Title:	Т ()	) Delete	Title:	0	(X) Change ( ) Addition
Name:	GORDON, SAN		Name:	HALE, KIMI	
Address:	251 CAROLINA		Address:	5208 NW 18TH COURT	
City-St-Zip:	FORT LAUDER	DALE, FL 33312	City-St-Zip:	LAUDERHI	LL, FL 33313
Title:	( )	) Delete	Title:	0	( ) Change (X) Addition
Name:			Name:	CROOKS,	
Address:			Address:		8TH AVENUE # 34
City-St-Zip:			City-St-Zip:	LAUDERHI	LL. FL 33313

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRILL A EVANS D 06/02/2009