

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766270

FILED
Mar 18, 2014
Secretary of State
CC9192734371**Entity Name:** INFORMED FAMILIES/THE FLORIDA FAMILY PARTNERSHIP, INC.**Current Principal Place of Business:**2490 CORAL WAY
MIAMI, FL 33145-3449**Current Mailing Address:**2490 CORAL WAY
MIAMI, FL 33145-3449**FEI Number: 59-2231894****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SAPP, PEGGY B
2490 CORAL WAY
MIAMI, FL 33145-3449 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	C
Name	LOGAN, NECA
Address	64 CAMDEN DRIVE
City-State-Zip:	BAL HARBOUR FL 33154

Title	PD
Name	SAPP, PEGGY B
Address	2901 SO. BAYSHORE DR., #8C
City-State-Zip:	COCONUT GROVE FL 33133

Title	VC
Name	MONTILLA, DEBORAH
Address	1500 BISCAYNE BLVD SUITE 341
City-State-Zip:	MIAMI FL 33132

Title	T
Name	LINDSEY, EUGENE
Address	3306 CRYSTAL CT
City-State-Zip:	MIAMI FL 33133

Title	SECRETARY
Name	CUSACK, JAMES
Address	3602 PALMARITO STREET
City-State-Zip:	CORAL GABLES FL 33134

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: PEGGY B. SAPP**PRESIDENT & CEO****03/18/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date