2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2014
Secretary of State
CC7965029404

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Entity Name: PARTNERSHIP FOR STRONG FAMILIES, INC.

Current Principal Place of Business:

5950 NW 1ST PL
SUITE A
GAINESVILLE, FL 32607

Current Mailing Address:

5950 NW 1ST PL
SUITE A
GAINESVILLE, FL 32607

FEI Number: 03-0423150

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PENNYPACKER, STEPHEN CEO
5950 NW 1ST PL
SUITE A
GAINESVILLE, FL 32607 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: STEPHEN PENNYPACKER 04/21/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	BM
Name	DUNLAP, JOE G
Address	9832 SW 31ST ROAD
City-State-Zip:	GAINESVILLE FL 32608

Title	CHAIR
Name	BOWIE, MICHAEL DR.
Address	G415 NORMAN HALL
City-State-Zip:	GAINESVILLE FL 32611

Title	VC
Name	HALEY, JO
Address	PO BOX 1385
City-State-Zip:	LAKE CITY FL 32056

Title	IPC
Name	STRINGFELLOW, JIM
Address	4941 SW 91ST TERRACE, STE. 101
City-State-Zip:	GAINESVILLE FL 32608

Title	S.T.
Name	PEDDIE, EDWARD C
Address	3007 NORTHWEST 58TH BLVD
City-State-Zip:	GAINESVILLE FL 32606

Title	BM
Name	HAWKINS, WILLIAM T DR.
Address	2106 NW 4 PLACE
City-State-Zip:	GAINESVILLE FL 32603

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: DR. MICHAEL BOWIE CHAIR 04/21/2014

Electronic Signature of Signing Officer/Director Detail — Date