

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002213

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:** No**Name and Address of Current Registered Agent:**PENNYPACKER, HENRY STEPHEN ESQ.
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:** HENRY STEPHEN PENNYPACKER, ESQ.**03/09/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR EMERITUS
Name PEDDIE, EDWARD C
Address 5950 NW 1ST PLACE
SUITE A
City-State-Zip: GAINESVILLE FL 32607

Title TREASURER
Name LOCKE, BARBARA
Address 5950 NW 1ST PLACE
SUITE A
City-State-Zip: GAINESVILLE FL 32607

Title CEO/PRESIDENT
Name PENNYPACKER, HENRY STEPHEN
ESQ.
Address 5950 NW 1ST PL
SUITE A
City-State-Zip: GAINESVILLE FL 32607

Title CHAIR
Name TIBBS, ESTER
Address 5950 NW 1ST PLACE
SUITE A
City-State-Zip: GAINESVILLE FL 32607

Title SECRETARY
Name BEVERLY, DEANNA DR.
Address 5950 NW 1ST PLACE
SUITE A
City-State-Zip: GAINESVILLE FL 32607

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: HENRY STEPHEN PENNYPACKER**PRESIDENT/CEO****03/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date