2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005742

Entity Name: U. S. FAMILY FOUNDATION, INC.

Current Principal Place of Business:

450 PLEASANT GROVE ROAD INVERNESS, FL 34452-5725

Current Mailing Address:

450 PLEASANT GROVE ROAD INVERNESS, FL 34452-5725

FEI Number: 59-3412016 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LONGHOUSE, DONNA 202 SOUTH ROME AVENUE TAMPA, FL 33606 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

FILED May 01, 2017

Secretary of State

CC6716427848

Officer/Director Detail:

Title D Title TREASURER

NameCOLE, CHESTER VNameWARDLOW, ROBERT CIIIAddress130 HEIGHTS AVENUEAddress450 PLEASANT GROVE ROADCity-State-Zip:INVERNESS FL 34452City-State-Zip:INVERNESS FL 34452-5725

Title PRESIDENT Title D

Name CASH, JOHNNY P Name THURMAN, KAREN L

Address 154 SE 7TH AVE. Address 9067 SOUTH WEST BLUE RUN DRIVE

City-State-Zip: CRYSTAL RIVER FL 34429 City-State-Zip: DUNNELLON FL 34432

Title DIRECTOR

Name MULLIGAN, GERARD Name BOMAR, CARSON B
Address 203 NW BAY PATH DRIVE Address 1075 N CARNEY AVE
City-State-Zip: CRYSTAL RIVER FL 34428 City-State-Zip: LECANTO FL 34461

Title DIRECTOR Title DIRECTOR

NameMARTIN, ROBERTNameROBINSON, WANN VAddress7165 E SAVANNAH COURTAddress2305 HIGHWAY 44 WESTCity-State-Zip:FLORAL CITY FL 34436City-State-Zip:INVERNESS FL 34452

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: JOHNNY P CASH PRESIDENT 05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date