

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 767181

FILED
Apr 22, 2003
Secretary of State

Entity Name: FRIENDS ACROSS THE AGES, INC.

Current Principal Place of Business:

2159 NW 29TH AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

2912 NW 41ST AVE
GAINESVILLE, FL 32605

Current Mailing Address:

2159 NW 29TH AVENUE
GAINESVILLE, FL 32605

New Mailing Address:

P.O. BOX 14698
GAINESVILLE, FL 32604

FEI Number: 59-2410787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTAKER, DORIS
2159 NW 29TH AVE.
GAINESVILLE, FL 326052915 US

Name and Address of New Registered Agent:

BLAY, STEVEN P
2912 NW 41ST AVE
GAINESVILLE, FL 32605 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: STEVEN P. BLAY

04/22/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WHITTAKER, DORIS,
Address: 2159 NW 29TH AVE
City-St-Zip: GAINESVILLE, FL 00000,

Title: TD () Delete
Name: WILSON, MERRY LYNNE,
Address: 2630-B NW 41ST ST.
City-St-Zip: GAINESVILLE, FL 00000,

Title: D () Delete
Name: ALLEN, MARJORIE,
Address: P O BOX 280 N/A
City-St-Zip: WALDO, FL

Title: PD () Delete
Name: HAZEN, RUTH,
Address: 2055 NW 19TH LANE
City-St-Zip: GAINESVILLE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: WHITTAKER, DORIS
Address: 2159 NW 29TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change () Addition
Name: HAMILTON, GEORGE
Address: 3715 SW 2ND PL
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Change () Addition
Name: TANCIG, ROBERT
Address: 2850 SW 14TH DR
City-St-Zip: GAINESVILLE, FL 32608

Title: TD (X) Change () Addition
Name: HAZEN, RUTH
Address: 2055 NW 19TH LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: PD () Change (X) Addition
Name: BLAY, STEVEN P
Address: 2912 NW 41ST AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: VD () Change (X) Addition
Name: BLAY, ALLISON C
Address: 2912 NW 41ST AVE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN P. BLAY

PD

04/22/2003

Electronic Signature of Signing Officer or Director

Date