

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004072

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: FRIENDS OF CASA FELIZ, INC.

**Current Principal Place of Business:**

656 PARK AVE N.  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 591  
WINTER PARK, FL 32790

**New Mailing Address:**

FEI Number: 59-3737446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREEN, ROBERT S  
1006 TEMPLE GROVE  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROGERS, JOHN H  
Address: 1002 TEMPLE GROVE  
City-St-Zip: WINTER PARK, FL 32789

Title: DED ( ) Delete  
Name: OWENS, BETSY  
Address: P.O. BOX 591  
City-St-Zip: WINTER PARK, FL 32790

Title: D ( ) Delete  
Name: GREEN, ROBERT S  
Address: 1006 TEMPLE GROVE  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BETSY OWENS

DED

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date