

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002490

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: A CELEBRATION OF FRIENDS, INC.

**Current Principal Place of Business:**

4527 28TH AVENUE N  
SAINT PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

11357 CREEL CIRCLE  
GULFPORT, MS 39503

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

BLOCK, MICHAEL  
14 E OAKLAND PARK BLVD  
FORT LAUDERDALE, FL 33334 US

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

SADOWSKI, MAUREEN  
2513 N. E. 8TH AVE  
WILTON MANORS, FL 33305 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: MAUREEN SADOWSKI

03/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: PENCE, THOMAS  
Address: 11357 CREEL CIRCLE  
City-St-Zip: GULFPORT, MS 39503

Title: VP ( ) Delete  
Name: DERBY, BILL  
Address: 4527 28TH AVENUE N  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: S ( ) Delete  
Name: KENNEDY, CHUCK  
Address: 1943 NE 6TH COURT, APT J100  
City-St-Zip: FORT LAUDERDALE, FL 33304

**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: THOMAS PENCE

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date