# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/28/

**FILED**
**Jul 02, 2004 8:00 am**
**Secretary of State**
04-28-2004 90226 016 ****61.25

DOCUMENT # N03000004044

1. Entity Name

THE FAMILY OF FRIENDS, INC.

66429320

| Principal Place of Business | Mailing Address |
|---|---|
| 2340 CELERY AVENUE<br>SANFORD FL 32771 | 2340 CELERY AVENUE<br>SANFORD FL 32771 |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 58-2670012 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PALMETTO CHARTER SERVICES, INC.<br>150 MAGNOLIA AVENUE<br>DAYTONA BEACH FL 32115-2491 | Name: Jeannette K. Simmons<br>Street Address (P.O. Box Number is Not Acceptable): 2340 Celery Avenue<br>City: Sanford FL Zip Code: 32771 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jeannette K. Simm 6/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE | D | ☐ Delete | TITLE | D/VP | ☒ Change ☐ Addition |
| NAME | KEENAN, APRYL | | NAME | | |
| STREET ADDRESS | 168 PROMENADE CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | HEATHROW FL 32746 | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | D/T | ☒ Change ☐ Addition |
| NAME | SPENCER, GEORGE | | NAME | | |
| STREET ADDRESS | 312 SWEETWATER BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | D/P | ☒ Change ☐ Addition |
| NAME | GUERIN, MICHAEL | | NAME | | |
| STREET ADDRESS | 837 YALE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELAND FL 32724 | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | PHILLIPS, W. BRADY | | NAME | | |
| STREET ADDRESS | 2870 RAVINEWOOD | | STREET ADDRESS | | |
| CITY-ST-ZIP | COMMERCE TOWNSHIP MI 48382 | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | VP | ☐ Change ☒ Addition |
| NAME | | | NAME | Hugh Laugnna | |
| STREET ADDRESS | | | STREET ADDRESS | 4421 Windreakes Drive | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Orlando, FL 32835 | |
| TITLE | | ☐ Delete | TITLE | S | ☐ Change ☒ Addition |
| NAME | | | NAME | Christopher Hayes | |
| STREET ADDRESS | | | STREET ADDRESS | 9850 13th Avenue South #204B | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Gulf Port, FL 33707 | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2/16/04 michael Guerin, President (407) 330 9318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #