## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004044

Entity Name: THE FAMILY OF FRIENDS, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:  2340 CELERY AVENUE SANFORD, FL 32771			New Principal Place of Business:		
Current Mailing Address:  2340 CELERY AVENUE SANFORD, FL 32771			New Mailing Address:		
FEI Number: 58-2670012 FEI Number Applied For ( ) FEI Number and Address of Current Registered Agent:		mber Not Appli	cable ( ) Certificate of Status Desired ( )  Address of New Registered Agent:		
SIMMONS, JEANNETTE K 2340 CELERY AVENUE SANFORD, FL 32771 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					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DVP ( ) I KEENAN, APRYL 168 PROMENAD HEATHROW, FL	E CIRCLE	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition MCELIGOT, APRYL 701 MINORCA BEACH WAY #G403 NEW SMRYNA BEACH, FL 32169	
Title: Name: Address: City-St-Zip:	PHILLIPS, MOLL 2870 RAVINEW		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DP (X) GUERIN, MICHA 837 YALE DRIVE DELAND, FL 32	i e	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PHILLIPS, W. BI 2870 RAVINEWO		Title: Name: Address: City-St-Zip:	DVP (X) Change ( ) Addition PHILLIPS, W. BRADY 2870 RAVINEWOOD COMMERCE TOWNSHIP, MI 48382	
Title: Name: Address: City-St-Zip:	VP () I LAUGNNA, HUGH 4421 WINDERLA ORLANDO, FL 3	AKES DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition LAUGNNA, HUGH 4421 WINDERLAKES DRIVE ORLANDO, FL 32835	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER HAYES DP 04/28/2006

( ) Delete

5850 13TH AVENUE SOUTH #204B

HAYES, CHRISTOPHER

GULF PORT, FL 33707

Name:

Address:

City-St-Zip:

(X) Change ( ) Addition

HAYES, CHRISTOPHER

ORLANDO, FL 32803

1228 E RIDGEWOOD STREET