2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008
Secretary of State

DOCUMENT# N03000004044

Entity Name: THE FAMILY OF FRIENDS, INC.

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 Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMMONS, JEANNETTE K
2340 CELERY AVENUE
SANFORD, FL 32771 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:	S	( ) Delete
Name:	MCELIGOT, APRYL	
Address:	701 MINORCA BEACH WAY #G403	
City-St-Zip:	NEW SMRYNA BEACH, FL 32169	
Title:	T	( ) Delete
Name:	PHILLIPS, MOLLY	
Address:	2870 RAVINEWOOD	
City-St-Zip:	COMMERCE TOWNSHIP, MI 48382	
Title:	DVP	( ) Delete
Name:	PHILLIPS, W. BRADY	
Address:	2870 RAVINEWOOD	
City-St-Zip:	COMMERCE TOWNSHIP, MI 48382	
Title:	D	( ) Delete
Name:	LAUGNNA, HUGH	
Address:	4421 WINDERLAKES DRIVE	
City-St-Zip:	ORLANDO, FL 32835	
Title:	DP	( ) Delete
Name:	HAYES, CHRISTOPHER	
Address:	1228 E RIDGEWOOD STREET	
City-St-Zip:	ORLANDO, FL 32803	

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:	
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: CHRISTOPHER HAYES DP 05/07/2008
Electronic Signature of Signing Officer or Director — Date