

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004044

FILED
Apr 27, 2009
Secretary of State

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 ()

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

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date