

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

DOCUMENT# N05000008910

Entity Name: FRIENDS OF JOE, INC.

**Current Principal Place of Business:**

311 HILLSIDE DRIVE  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

311 HILLSIDE DRIVE  
LAKELAND, FL 33803

**New Mailing Address:**

FEI Number: 06-1755627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HELWIG, PETER F. ESQ.  
6700 S. FLORIDA AVE., STE. 31  
LAKELAND, FL 33813      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: DT      ( ) Delete  
Name: PHELPS, CARLTON  
Address: 1029 AVON AVE.  
City-St-Zip: LAKELAND, FL 33801

Title: D      ( ) Delete  
Name: RIVERS, BRYAN  
Address: 407 PRADO PL.  
City-St-Zip: LAKELAND, FL 33803

Title: D      ( ) Delete  
Name: PHILLIPS, ROBERT  
Address: 301 E. BELMAR ST.  
City-St-Zip: LAKELAND, FL 33803

Title: DS      ( ) Delete  
Name: WALTERS, MARTEN  
Address: 1211 FAIRFAX SOUTH  
City-St-Zip: LAKELAND, FL 33813

Title: D      ( ) Delete  
Name: PRINE, JOEY  
Address: 1744 CLARENDON AVE.  
City-St-Zip: LAKELAND, FL 33803

Title: DP      ( ) Delete  
Name: KEARTON, ANNE  
Address: 311 HILLSIDE DRIVE  
City-St-Zip: LAKELAND, FL 33803

**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:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ANNE KEARTON

P

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date