

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
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: DVP () 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 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

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date