

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009805

FILED
Feb 12, 2008
Secretary of State

Entity Name: FRIENDS-SUPPORT INC.

Current Principal Place of Business:

510 E. SADIE ST.
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 677
BRANDON, FL 33509

New Mailing Address:

FEI Number: 65-1261646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTELLA, THERESA A
4607 PORTOBELLO CIRCLE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

MASTELLA, THERESA A
4607 PORTOBELLO CIRCLE
VALRICO, FL 33596 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:

02/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASTELLA, THERESA A
Address: 4607 PORTOBELLO CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: ARNOLDSON, PAMELA L
Address: 6011 PALOMAGLADE DR.
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: HERRINGTON, DEBBIE
Address: 904 SETTER CT.
City-St-Zip: SEFFNER, FL 33584

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V/D (X) Change () Addition
Name: MASTELLA, THERESA A
Address: 4607 PORTOBELLO CIRCLE
City-St-Zip: VALRICO, FL 33596

Title: P/D (X) Change () Addition
Name: ARNOLDSON, PAMELA L
Address: 6011 PALOMAGLADE DR.
City-St-Zip: LITHIA, FL 33547

Title: S/D (X) Change () Addition
Name: MCDERMOTT, LORI
Address: 2305 MILLCREEK CT.
City-St-Zip: VALRICO, FL 33596

Title: T/D () Change (X) Addition
Name: KIERNAN, DONNA
Address: 6013 PALOMAGLADE DR.
City-St-Zip: LITHIA, FL 33547

Title: D () Change (X) Addition
Name: WHITEHEAD, NIKOLE
Address: 11530 HAMMOCK OAKS CT.
City-St-Zip: LITHIA, FL 33547

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: PAMELA ARNOLDSON

P/D

02/12/2008

Electronic Signature of Signing Officer or Director

Date