

# 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