2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009805

Entity Name: FRIENDS-SUPPORT INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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510 E. SADIE ST. BRANDON, FL 33510

Current Mailing Address: New Mailing Address:

P.O. BOX 677 P.O. BOX 677

BRANDON, FL 33509 BRANDON, FL 33509 US

FEI Number: 65-1261646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MASTELLA, THERESA A 4607 PORTOBELLO CIRCLE VALRICO, FL 33596

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: MCDERMOTT, LORI Name: MCDERMOTT, MIKE Address: 2305 MILLCREEK CT. Address: 2305 MILLCREEK CT. City-St-Zip: VALRICO, FL 33596 City-St-Zip: VALRICO, FL 33596 US

Title: () Delete Title: () Change (X) Addition

WILLIAMSON, SUSAN Name: Name: 6311 N. FIVE ACRE RD. Address: Address: City-St-Zip: City-St-Zip: PLANT CITY, FL 33565 US

Title: () Delete Title: D () Change (X) Addition

Name: Name: HULSE, KATHERINE 1534 SEFFNER-VALRICO RD. Address: Address: City-St-Zip: City-St-Zip: SEFFNER, FL 33584 US

Title: () Delete Title: () Change (X) Addition

BROWN, KERRY LSCW Name: Name: 13067 TELECOM PKWY N. Address: Address: City-St-Zip: City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: () Delete Title: () Change (X) Addition

JAHNKE, LYNN LSCW Name: Name: Address: Address: 505 CENTERBROOK DR. BRANDON, FL 33511 US City-St-Zip: 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: THERESA MASTELLA Ρ 04/28/2009