

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009805

FILED  
Apr 28, 2010  
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 US

**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 33596 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: P  
Name: DEGHAN, LILLIAN  
Address: 2915 FORESTWOOD DR.  
City-St-Zip: SEFFNER, FL 33584

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

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

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

Title: T  
Name: MASTELLA, THERESA  
Address: 4607 PORTOBELLO CIRCLE  
City-St-Zip: VALRICO, FL 33596 US

Title: D  
Name: JAHNKE, LYNN LSCW  
Address: 505 CENTERBROOK DR.  
City-St-Zip: BRANDON, FL 33511 US

I hereby 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 all other like empowered.

SIGNATURE: THERESA MASTELLA

T

04/28/2010

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

\_\_\_\_\_  
Date