

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90346 040 ****70.00

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1. Entity Name
SERVANTS OF FRIENDS, INC.



Principal Place of Business
**1953 SW 180 TERRACE
MIRAMAR, FL 33029**

Mailing Address
**1953 SW 180 TERRACE
MIRAMAR, FL 33029**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006 Chg-NP CR2E037 (11/05)

4. FEI Number
51-0531655

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOLY, MARIE R
1953 SW 180 TERRACE
MIRAMAR, FL 33029**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
SILVER, MAUDE
2495 NW 187 AVE
PEMBROKE PINES, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CLERMONT, ELIANE
233 SW 166 AVENUE
PEMBROKE PINES, FL 33027** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RIGAUD, MARIE J
200 GATE ROAD BLDG N 109
HOLLYWOOD, FL 33024** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
ST CLAIR, MICHELLE
140 SW 167 AVENUE
PEMBROKE PINES, FL 33027** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JOLY, MARIE R
SW 180 TERRACE
MIRAMAR, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOLEON, DENISE
14665 SW 44 TER
MIAMI, FL 33175** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ST CLAIR, MICHELLE
140 SW 167 AVENUE
PEMBROKE PINES, FL 33027** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARLING, SERETTE
16352 NW 11 STREET
PEMBROKE PINES, FL 33027** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06

Date

**(454)
436-7459**

Daytime Phone #