

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767181

**Entity Name:** FRIENDS ACROSS THE AGES, INC.**Current Principal Place of Business:**4131 NW 28TH LANE  
SUITE 7-E  
GAINESVILLE, FL 32606**Current Mailing Address:**P.O. BOX 14698  
GAINESVILLE, FL 32604**FEI Number:** 59-2410787**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLAY, STEVEN P  
2445 NW 13TH PLACE  
GAINESVILLE, FL 32605 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                 |
|-----------------|-----------------|
| Title           | PD              |
| Name            | COOPER, CASSIE  |
| Address         | 1021 W PRATT ST |
| City-State-Zip: | STARKE FL 32091 |

|                 |                      |
|-----------------|----------------------|
| Title           | SD                   |
| Name            | BENTON, HEATHER      |
| Address         | 11404 NW 32ND AVE    |
| City-State-Zip: | GAINESVILLE FL 32606 |

|                 |                      |
|-----------------|----------------------|
| Title           | VD                   |
| Name            | HOBBS, JOHN          |
| Address         | 4628 NW 39 TERRACE   |
| City-State-Zip: | GAINESVILLE FL 32606 |

|                 |                      |
|-----------------|----------------------|
| Title           | TD                   |
| Name            | BLAY, STEVEN P       |
| Address         | 2445 NW 13TH PLACE   |
| City-State-Zip: | GAINESVILLE FL 32605 |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | BLAY, ALLISON C      |
| Address         | 2445 NW 13TH PLACE   |
| City-State-Zip: | GAINESVILLE FL 32605 |

*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:** STEVEN P BLAY**TREASURER****01/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date