

2023 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 32091Title SD
Name BENTON, HEATHER
Address 11404 NW 32ND AVE
City-State-Zip: GAINESVILLE FL 32606Title VD
Name HOBBS, JOHN
Address 4628 NW 39 TERRACE
City-State-Zip: GAINESVILLE FL 32606Title TD
Name BLAY, STEVEN P
Address 2445 NW 13TH PLACE
City-State-Zip: GAINESVILLE FL 32605Title 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****01/23/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date