2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: FRIENDS ACROSS THE AGES, INC.

Current Principal Place of Business:

4500 NW 27TH AVE #D56
GAINESVILLE, FL 32606-7031

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	MITCHELL, ANDREW
Address	505 NE 6TH AVE
City-State-Zip:	GAINESVILLE FL 32601

Title	D
Name	SHINN, JONATHAN
Address	1911 NW 97TH ST
City-State-Zip:	GAINESVILLE FL 32606

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

Title	SD
Name	GEIDEL, HEATHER
Address	4440 SW ARCHER RD- APT. 2828
City-State-Zip:	GAINESVILLE FL 32608

Title	VD
Name	POUDYAL, ROSHA
Address	3700 WINDMEADOWS BLVD
City-State-Zip:	GAINESVILLE FL 32608

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 01/07/2017

Electronic Signature of Signing Officer/Director Detail — Date