**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 25, 2018**
**Secretary of State**
**CC2012501442**

DOCUMENT# N03000004044

**Entity Name:** THE FAMILY OF FRIENDS, INC.

**Current Principal Place of Business:**

2340 CELERY AVENUE
SANFORD, FL 32771

**Current Mailing Address:**

2340 CELERY AVENUE
SANFORD, FL 32771 US

**FEI Number: 58-2670012**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARLAND, SHAWN
2340 CELERY AVENUE
SANFORD, FL 32771 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 | DIRECTOR |
| Name | LAUGHNA, RORY |
| Address | 3 NOANNET CIRCLE |
| City-State-Zip: | WESTWOOD MA 02090 |

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|---|---|
| Title | DIRECTOR |
| Name | SEFTON, WILLIAM |
| Address | 1310 LAKESHORE DRIVE |
| City-State-Zip: | ORLANDO FL 32803 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MCILRATH, JIM |
| Address | 4700 MILLENIA BLVD. STE. 175 |
| City-State-Zip: | ORLANDO FL 32839 |

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|---|---|
| Title | VP |
| Name | HAYES, CHRISTOPHER W |
| Address | 341 COLUMBO CIRCLE |
| City-State-Zip: | ORLANDO FL 32804 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | FARNSWORTH, JAN |
| Address | 306 SWEETWATER BLVD. S |
| City-State-Zip: | LONGWOOD FL 32779 |

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|---|---|
| Title | DIRECTOR |
| Name | TREISE, NATA |
| Address | 640 DARTMOUTH STREET |
| City-State-Zip: | ORLANDO FL 32804 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | PHILLIPS, W. BRADY |
| Address | 2870 RAVINEWOOD |
| City-State-Zip: | COMMERCE TOWNSHIP MI 48382 |

| | |
|---|---|
| Title | TREASURER |
| Name | PHILLIPS, MOLLY |
| Address | 2870 RAVINEWOOD |
| City-State-Zip: | COMMERCE TOWNSHIP MI 48382 |

**Continues on page 2**

*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: CHRISTOPHER W HAYES VICE PRESIDENT 01/25/2018

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | AUTHORIZED REPRESENTATIVE |
| Name | GARLAND, SHAWN |
| Address | 2340 CELERY AVENUE |
| City-State-Zip: | SANFORD FL 32771 |