

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:**SIMMONS, JEANNETTE K
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 TREASURER
Name PHILLIPS, MOLLY
Address 2870 RAVINEWOOD
City-State-Zip: COMMERCE TOWNSHIP MI 48382

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

Title DIRECTOR
Name LAUGHNA, RORY
Address 3 NOANNET CIRCLE
City-State-Zip: WESTWOOD MA 02090

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

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

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

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

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

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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: JEANNETTE SIMMONS**ADMINISTRATOR****02/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	AUTHORIZED REPRESENTATIVE
Name	SIMMONS, JEANNETTE
Address	2340 CELERY AVENUE
City-State-Zip:	SANFORD FL 32771