## **2021 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:

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

FILED Mar 18, 2021

**Secretary of State** 

7227953177CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name LAUGHNA, RORY Name FARNSWORTH, JAN

Address 3 NOANNET CIRCLE Address 306 SWEETWATER BLVD. S

City-State-Zip: WESTWOOD MA 02090 City-State-Zip: LONGWOOD FL 32779

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 SEFTON, WILLIAM
 Name
 TREISE, NATA

Address 1310 LAKESHORE DRIVE Address 640 DARTMOUTH STREET

City-State-Zip: ORLANDO FL 32803 City-State-Zip: ORLANDO FL 32804

Title PRESIDENT Title VP

Name PHILLIPS, W. BRADY Name HAYES, CHRISTOPHER W
Address 2870 RAVINEWOOD Address 341 COLUMBO CIRCLE
City-State-Zip: COMMERCE TOWNSHIP MI 48382 City-State-Zip: ORLANDO FL 32804

Title TREASURER Title AUTHORIZED REPRESENTATIVE

NamePHILLIPS, MOLLYNameGARLAND, SHAWNAddress2870 RAVINEWOODAddress2340 CELERY AVENUECity-State-Zip:COMMERCE TOWNSHIP MI 48382City-State-Zip:SANFORD FL 32771

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: SHAWN GARLAND ADMINISTRATOR 03/18/2021

Electronic Signature of Signing Officer/Director Detail

Date