

2014 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**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	DIRECTOR, VP
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	DIRECTOR, PRESIDENT
Name	HAYES, CHRISTOPHER
Address	1228 E RIDGEWOOD STREET
City-State-Zip:	ORLANDO FL 32803

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	LIFTON, VIRGINIA
Address	7503 HOGAN COURT
City-State-Zip:	NAPLES FL 34113

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 HAYES**PRESIDENT****04/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date