

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009805

**Entity Name:** FRIENDS-DOWN SYNDROME WEST FLORIDA, INC.

**Current Principal Place of Business:**

11612 MISS CHLOE COURT  
RIVERVIEW, FL 33579

**Current Mailing Address:**

P.O. BOX 677  
BRANDON, FL 33509 US

**FEI Number: 65-1261646**

**Certificate of Status Desired: Yes**

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

FOYT, ANN R  
11612 MISS CHLOE COURT  
RIVERVIEW, FL 33579 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:** ANN R. FOYT

01/11/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name FOYT, ANN  
Address 11612 MISS CHLOE COURT  
City-State-Zip: RIVERVIEW FL 33579

Title SECRETARY  
Name WANDO, BRENDA  
Address 7378 CHASE RD.  
City-State-Zip: LAKELAND FL 33810

Title PRESIDENT  
Name CARPENTER, HEATHER  
Address 1300 FAIRFIELD DR.  
City-State-Zip: CLEARWATER FL 33764

Title TREASURER  
Name GREEN, JEFF  
Address 2614 YUKON CLIFF DR.  
City-State-Zip: RUSKIN FL 33570

Title VP  
Name BOISSEAU, KATHY  
Address 11803 CLIFTWOOD COURT  
City-State-Zip: RIVERVIEW FL 33569

*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:** ANN FOYT

**EXECUTIVE DIRECTOR**

01/11/2020

Electronic Signature of Signing Officer/Director Detail

Date