

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 05, 2016

Secretary of State

CC9666114041

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Entity Name: FRANKLIN'S FRIENDS INC.

Current Principal Place of Business:

901 VERSAILLES CIR
MAITLAND, FL 32751

Current Mailing Address:

901 VERSAILLES CIR
MAITLAND, FL 32751

FEI Number: 46-1111664

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD STE A
TAMPA, FL 33612 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 PRESIDENT
Name SETH, MONISHA
Address 901 VERSAILLES CIR
City-State-Zip: MAITLAND FL 32751

Title VP
Name DOUGLAS, ANTHONY
Address 901 VERSAILLES CIR
City-State-Zip: MAITLAND FL 32751

Title TREASURER
Name MARX, HILARY
Address 1600 HURON TRAIL
City-State-Zip: MAITLAND FL 32751

Title SECRETARY
Name GRAY, SHARI
Address 823 MILLS ESTATE PLACE
City-State-Zip: CHULUOTA FL 32766

Title DIRECTOR
Name LEROY, CRYSTAL
Address 13802 RIVER PATH GROVE DRIVE
City-State-Zip: ORLANDO FL 32826

Title DIRECTOR
Name ELY, DIANNE
Address 823 MILLS ESTATE PLACE
City-State-Zip: CHULUOTA FL 32766

Title DIRECTOR
Name BUTLER, STEVE
Address 310 BOUGIVAL COURT
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name COLLAZO, BECKY
Address 1037 PRINCESS GATE BLVD
City-State-Zip: WINTER PARK FL 32792

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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: MONISHA SETH

PRESIDENT

03/05/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BUTLER, MICHELE
Address 310 BOUGIVAL CT
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name COTTER, LISA
Address 1707 ANTILLES PLACE
City-State-Zip: ORLANDO FL 32806