

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009307

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

Title TREASURER
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: ANTHONY DOUGLAS

VP

02/15/2015

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