2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000011145

Entity Name: FRIENDS OVER BULLIES INC.

Current Principal Place of Business:

3497 SW PRINCETON ST.
PORT ST.LUCIE, FL 34953

Current Mailing Address:

3497 SW PRINCETON ST.
PORT ST.LUCIE, FL 34953

FEI Number: 47-2506455

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TRAVER, DANIEL JAMES   JR.
3497 SW PRINCETON ST.
PORT ST.LUCIE, FL 34953 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	CEO		Title	CFO
Name	TRAVER, DANIEL JAMES JR.		Name	TRAVER, MEGHAN LYNN
Address	3497 SW PRINCETON ST.		Address	3497 SW PRINCETON ST.
City-State-Zip:	PORT ST.LUCIE FL 34953		City-State-Zip:	PORT ST.LUCIE FL 34953
Title	OFFICER		Title	DIRECTOR
Name	TRAVER, ANNETTE		Name	O'DONOVAN, SARAH
Address	3497 SW PRINCETON ST.		Address	3497 SW PRINCETON ST.
City-State-Zip:	PORT ST.LUCIE FL 34953		City-State-Zip:	PORT ST.LUCIE FL 34953
Title	SECRETARY		Title	DIRECTOR
Name	RAMALHO, TINA		Name	ZELAYA, LESLIE
Address	3497 SW PRINCETON ST.		Address	3497 SW PRINCETON ST.
City-State-Zip:	PORT ST.LUCIE FL 34953		City-State-Zip:	PORT ST.LUCIE FL 34953
Title	DIRECTOR			
Name	HIMELFARB, KRISTOFER			
Address	3497 SW PRINCETON ST.			
City-State-Zip:	PORT ST.LUCIE FL 34953			

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: MEGHAN LYNN TRAVER   CFO   04/29/2015

Electronic Signature of Signing Officer/Director Detail   Date