

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001699

**Entity Name:** A FRIEND OF THE FAMILY, INC.

**Current Principal Place of Business:**

200 CONTINENTAL DR.  
SUITE 401  
NEWARK, DE 19713

**Current Mailing Address:**

P.O. BOX 5051  
WILMINGTON, DE 19808-0051 US

**FEI Number: 51-0399730**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	PC	Title	VCT
Name	ALLEN, KIM L	Name	ALLEN, WILLIAM L
Address	200 CONTINENTAL DR. SUITE 401	Address	200 CONTINENTAL DR. SUITE 401
City-State-Zip:	NEWARK DE 19713	City-State-Zip:	NEWARK DE 19713

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM ALLEN**

**CFO**

**03/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date