

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723189

FILED
Apr 17, 2006
Secretary of State

Entity Name: FRIENDS OF FIVE, INC.

Current Principal Place of Business:

2000 WEIMER HALL, UNIV. OF FLORIDA
PO BOX 118405
GAINESVILLE, FL 32604 US

Current Mailing Address:

2000 WEIMER HALL, UNIV. OF FLORIDA
PO BOX 118405
GAINESVILLE, FL 32604 US

New Principal Place of Business:

2202 WEIMER HALL, UNIV. OF FLORIDA
PO BOX 118405
GAINESVILLE, FL 326118405 US

New Mailing Address:

2202 WEIMER HALL, UNIV. OF FLORIDA
PO BOX 118405
GAINESVILLE, FL 326118405 US

FEI Number: 23-7317577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHNER, RICHARD
2000 WEIMER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611 US

Name and Address of New Registered Agent:

LEHNER, RICHARD
2202 WEIMER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 326118405 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:

04/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CARLSON, JOHN V
Address: 8250 NW 15TH PLACE, SUITE B
City-St-Zip: GAINESVILLE, FL 32606 US

Title: STD () Delete
Name: ROSE, KIMBERLY
Address: 726 NE 4TH STREET
City-St-Zip: GAINESVILLE, FL 32601 US

Title: PD () Delete
Name: SILVERMAN-BUDD, ILENE
Address: 3111 NW 9TH PL
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D () Delete
Name: GOFORTH, SAM H
Address: 104 N. MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D () Delete
Name: LEVY, ROSLYN
Address: 401 SW 88TH TERRACE
City-St-Zip: GAINESVILLE, FL US

Title: D () Delete
Name: CASTELLO, WAYNE P
Address: 2772 NW 43 STREET
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARLSON, JOHN V
Address: 8250 NW 15TH PLACE, SUITE B
City-St-Zip: GAINESVILLE, FL 32606 US

Title: STD (X) Change () Addition
Name: DOCKERY, BARBARA
Address: 6809 NW 81ST BLVD
City-St-Zip: GAINESVILLE, FL 32653 US

Title: VD (X) Change () Addition
Name: SHORE, MELANIE
Address: 9252 SW 31ST PL
City-St-Zip: GAINESVILLE, FL 32608 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN V. CARLSON

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date