

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723189

FILED
Jan 14, 2009
Secretary of State

Entity Name: FRIENDS OF FIVE, INC.

Current Principal Place of Business:

2202 WEIMER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 326118405 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 23-7317577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANKNER, W. L.
2202 WEIMER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 326118405 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEMBARD, MORTLAKE
Address: 408 W UNIVERSITY AVE SUITE 604
City-St-Zip: GAINESVILLE, FL 32601 US

Title: STD () Delete
Name: WALL, CINDY
Address: 1308 SW 115TH ST
City-St-Zip: GAINESVILLE, FL 32607 US

Title: VD () Delete
Name: HALL, BOBBIE
Address: 2006 NW 27TH ST
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 32607 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: D (X) Change () Addition
Name: NEMBARD, MORTLAKE
Address: 408 W UNIVERSITY AVE SUITE 604
City-St-Zip: GAINESVILLE, FL 32601 US

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

Title: PD (X) Change () Addition
Name: HALL, BOBBIE
Address: 2006 NW 27TH ST
City-St-Zip: GAINESVILLE, FL 32605 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 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: BOBBIE HALL

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date