

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728832

FILED
Apr 10, 2009
Secretary of State

Entity Name: FRIENDS OF WLRN, INC.

Current Principal Place of Business:

169 EAST FLAGLER ST., SUITE 1400
ATTN: RICK LEWIS
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

169 EAST FLAGLER ST., SUITE 1400
ATTN: RICK LEWIS
MIAMI, FL 33131

New Mailing Address:

FEI Number: 23-7365001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEWIS, RICK
169 EAST FLAGLER ST., SUITE 1400
MIAMI, FL 33131 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: P () Delete
Name: LEWIS, RICK
Address: 169 EAST FLAGLER ST., SUITE 1400
City-St-Zip: MIAMI, FL 33131

Title: C () Delete
Name: ALTMAN, JANET
Address: 2699 S. BAYSHORE DR
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: GARCIA, CARLOS
Address: 2121 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: VC () Delete
Name: REID, BENJAMINE
Address: 100 SE 2ND ST
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: JACOBS, YOLONDA
Address: 1401 BRICKELL AV, STE 840
City-St-Zip: MIAMI, FL 33131

Title: CFO () Delete
Name: PEREZ-ALVAREZ, JORGE
Address: 169 E FLAGLER ST., STE 1400
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: RICK LEWIS

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date