

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767181

FILED
Mar 04, 2006
Secretary of State

Entity Name: FRIENDS ACROSS THE AGES, INC.

Current Principal Place of Business:

4500 NW 27TH AVE #A4
GAINESVILLE, FL 326067031

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14698
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-2410787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAY, STEVEN P
3507 SW 1ST WAY
GAINESVILLE, FL 32601 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: SD () Delete
Name: ASMUTH, M. VIOLET
Address: 9350 NW 230TH ST
City-St-Zip: MICANOPY, FL 32667

Title: PD () Delete
Name: HAMILTON, GEORGE
Address: 3715 SW 2ND PL
City-St-Zip: GAINESVILLE, FL 32607

Title: VD () Delete
Name: TANCIG, ROBERT
Address: 218 NW 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: TD () Delete
Name: GREEN, MARTHA
Address: 5736 NW 43RD RD
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: BLAY, STEVEN P
Address: 3507 SW 1ST WAY
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: BLAY, ALLISON C
Address: 3507 SW 1ST WAY
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: SHINN, JONATHAN
Address: 5915 NW 43RD LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Change () Addition
Name: SHINN, KERI
Address: 5915 NW 43RD LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: TD (X) Change () Addition
Name: BLAY, STEVEN P
Address: 3507 SW 1ST WAY
City-St-Zip: GAINESVILLE, FL 32601

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: STEVEN P. BLAY

TD

03/04/2006

Electronic Signature of Signing Officer or Director

Date