

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767181

FILED
Jan 24, 2010
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:

BLAY, STEVEN P
2445 NW 13TH PLACE
GAINESVILLE, FL 32605 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:

01/24/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: HAMILTON, GEORGE
Address: 6700 NW 10TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: VD
Name: WALSH, DIANNE
Address: 4125 ALPINE DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: PD
Name: SHINN, JONATHAN
Address: 5915 NW 43RD LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: SD
Name: SHINN, KERI
Address: 5915 NW 43RD LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: TD
Name: BLAY, STEVEN P
Address: 2445 NW 13TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: BLAY, ALLISON C
Address: 2445 NW 13TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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

SIGNATURE: STEVEN P BLAY

TD

01/24/2010

Electronic Signature of Signing Officer or Director

Date