

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767181

FILED
Jan 07, 2012
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
2445 NW 13TH PLACE
GAINESVILLE, FL 32605 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: VD
Name: MITCHELL, ANDREW
Address: 1015 NE 5TH AVE
City-St-Zip: GAINESVILLE, FL 32601

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

Title: PD
Name: SHINN, JONATHAN
Address: 1911 NW 97TH ST
City-St-Zip: GAINESVILLE, FL 32606

Title: SD
Name: LUKERT, CAROLYN
Address: 23514 NW 122ND AVE
City-St-Zip: GAINESVILLE, FL 32615

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

01/07/2012

Electronic Signature of Signing Officer or Director

Date