

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10356

FILED
Jan 17, 2008
Secretary of State

Entity Name: THE FRIARS

Current Principal Place of Business:

221 NORTH HOGAN STREET
251
JACKSONVILLE, FL 32202

New Principal Place of Business:

2360 LAKE SHORE BOULEVARD
JACKSONVILLE, FL 32210

Current Mailing Address:

10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-2438171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMPTON, WADE M
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257 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: O'LEARY, CONOR
Address: 1344 BELVEDERE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VPD () Delete
Name: MORELAND, MATTHEW
Address: 2360 LAKE SHORE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: ISRAEL, GEORGE IV
Address: 5617 SALERNO ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: LEE, LAWRENCE
Address: 4727 PRINCESS ANNE LANE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORELAND, MATTHEW
Address: 2360 LAKE SHORE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 322010

Title: SD (X) Change () Addition
Name: IRWIN, LOU
Address: 4623 FRENCH STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: VPD (X) Change () Addition
Name: ISRAEL, GEORGE IV
Address: 5617 SALERNO ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD (X) Change () Addition
Name: LEE, LAWRENCE IV
Address: 4727 PRINCESS ANNE LANE
City-St-Zip: JACKSONVILLE, FL 32210

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: WADE M. HAMPTON

RA

01/17/2008

Electronic Signature of Signing Officer or Director

Date