


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000001093	
<b>1. Entity Name</b> LEN'S FRIENDS FOUNDATION, INC.	

<b>Principal Place of Business</b> 12802 HUNT CLUB RD. NORTH JACKSONVILLE, FL 32224	<b>Mailing Address</b> 12802 HUNT CLUB RD. NORTH JACKSONVILLE, FL 32224
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02232005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-3625461	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

MCQUAIG, DAVID H  
4745 SUTTON PARK CT STE 103  
JACKSONVILLE, FL 32224

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**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000294763</b> <b>04/08/05-80083-006 61.25</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> MATTIACE, LEONARD 12802 HUNT CLUB RD. NORTH JACKSONVILLE, FL 32224
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DV</b> MATTIACE, KRISTEN 12802 HUNT CLUB RD. NORTH JACKSONVILLE, FL 32224
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DT</b> MCQUAIG, DAVID H 4745 SUTTON PARK CT #103 JACKSONVILLE, FL 32224
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DS</b> RALEIGH, SUSAN 12802 HUNT CLUB RD. NORTH JACKSONVILLE, FL 32224
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:** Kristen Mattiace **V.P. Kristen Mattiace** **4/5/2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #