

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002957

FILED
Jun 16, 2006
Secretary of State

Entity Name: AMERICAN FRIENDS OF TYNDALE HOUSE, CAMBRIDGE, INC.

Current Principal Place of Business:

215 NORTH EOLA DRIVE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

215 NORTH EOLA DRIVE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3645285 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MANOR, TIMOTHY J.
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: D () Delete
Name: WINTER, BRUCE DR
Address: 36 SELWYN GARDENS
City-St-Zip: CAMBRIDGE, UK CB39BA

Title: D () Delete
Name: SENEFF, TIMOTHY J
Address: 450 SOUTH ORANGE AVE. 13TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: MAGNUSON, KENNETH T
Address: 2825 LEXINGTON ROAD
City-St-Zip: LOUISVILLE, KY 40280

Title: D () Delete
Name: KINMAN, BRENT DR.
Address: 5216 APACHE CREEK ROAD
City-St-Zip: CASTLE ROCK, CO 80104

Title: D () Delete
Name: HANSEN, WALTER DR.
Address: 1011 LAS PALMAS DRIVE
City-St-Zip: SANTA BARBARA, CA 93110

Title: D (X) Delete
Name: THIELMAN, FRANK DR.
Address: 415 WOODLAND DRIVE
City-St-Zip: BIRMINGHAM, AL 35209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: THIELMAN, FRANK DR.
Address: 415 WOODLAND DRIVE
City-St-Zip: BIRMINGHAM, AL 35209

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

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

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

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: DR. BRUCE WINTER

D

06/16/2006

Electronic Signature of Signing Officer or Director

Date