

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005109

FILED
Jan 11, 2007
Secretary of State

Entity Name: FRIENDS FROM ABROAD, INC.

Current Principal Place of Business:

24850 OLD 41 RD
STE 11
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

24850 OLD 41 RD
STE 11
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3664640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLLINS, NOLEN
24850 OLD 41 RD
STE 11
BONITA SPRINGS, FL 34135 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: BARTON, JERY E
Address: 7949 HIDDEN HARBOUR DR E
City-St-Zip: HOLLAND, OH 43528

Title: DP () Delete
Name: ROLLINS, NOLEN
Address: 24850 OLD 41 RD STE 11
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: STRICKLAND, ROBERT
Address: 3102 GREEN FARM TRAIL
City-St-Zip: DACULA, GA 30211

Title: D () Delete
Name: CABRERA, ORLANDO
Address: 9248 SCARLETTE OAK AVE
City-St-Zip: FT MYERS, FL 33912

Title: D () Delete
Name: ROLLINS, RACHEL
Address: 2023 LAKE PARK DR #F
City-St-Zip: SMYRNA, GA 30080

Title: DT () Delete
Name: CABRERA, PAMELA
Address: 9248 SCARLETTE OAK AVE
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: STRICKLAND, ROBERT
Address: 3445 STRATFORD RD NE #2207
City-St-Zip: ATLANTA, GA 30326

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

Title: D (X) Change () Addition
Name: ROLLINS, RACHEL
Address: 1847 LINWOOD AVE
City-St-Zip: ATLANTA, GA 30344

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: NOLEN ROLLINS

DP

01/11/2007

Electronic Signature of Signing Officer or Director

Date