## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 11, 2008 8:00 am Secretary of State 02-11-2008 90060 023 \*\*\*\*61.25

## DOCUMENT # N0000007266



1. Entity Nam FRIENDS INC.		RION BAYSINGI	ER MEMO	RIAL LIBRAF	₹Y,							
Principal Place of Business 756 W BROAD ST GROVELAND, FL 34736		756	Mailing Address 756 W BROAD ST GROVELAND, FL 34736			:	) 	<b></b>	<b>10</b> 111 <b>10</b> 111 <b>10</b> 111	IPRIS IIRIA AITIA A	MIK <b>a</b> n <b>a</b> l I <b>ac</b> i	
2. Principal P	Place of Busin	less - No P.O. Box #	3. Mail	ing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				02072008	Chg-NP	CR2E	037 (12/06)	
City & State			Cit	City & State				4. FEI Numbe 59-3709			<del></del>	pplied For ot Applicable
Zip		Country	Zip		Cou	ıntry			of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Curr	ent Registere	d Agent		Name		7. Name and	Address of New	Registered	Agent	<del></del>
LAW, JULI 250 S. MA GROVELA	IN AVE.	4736					ress (P	.O. Box Numbe	r is Not Acceptai	ble)		
						City				F	Zip Cod	le
	named entity tions of regist	y submits this statemer tered agent.	nt for the purp	ose of changing its	registere	ed office or re	gistere	ed agent, or bot	h, in the State of	Florida. I ar	n familiar with,	, and accept
SIGNATURE	Signature, typed	or printed name of registered a	egent and title if app	licable. (NOT	E: Registere	d Agent signature r	hatii mar	uhan minetalmel		DATE		
Filing Fee is \$61.25 Due by May 1, 2008								mieni iensaung)				
				9. Election Car Trust Fund (				\$5.00 May B Added to Fees	FI		ck payable t artment of S	
10.			DIRECTORS	Trust Fund (		ion. 🔲	J A	\$5.00 May B Added to Fees	FI FI	orida Dep	artment of S	state
10. TITLE NAME STREET ADDRESS	BOD KREBILL,	lay 1, 2008	DIRECTORS	Trust Fund (	11. TITLE	ion.   E   F  IE   C	Pres	\$5.00 May B Added to Fees DDITIONS/CH/	ANGES TO OFFICE	orida Depo	artment of S	state
TITLE NAME	BOD KREBILL, 18110 MC	OFFICERS AND	DIRECTORS	Trust Fund (	11. TITLE NAMI	E FET ADDRESS G	President Single	\$5.00 May B Added to Fees DDITIONS/CH/ S. S. Tov	etwood va Ave	orida Depo	OIRECTORS IN	N 10
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	BOD KREBILL, 18110 MC GROVEL/ BOD PADGETT 564 E MA	OFFICERS AND  BELINDA DRRISON ST AND, FL 34736  T, MARIE GNOLIA ST	D DIRECTORS	Trust Fund (	11. TITLE NAMI STRE CITY TITLE NAMI STRE	E E E E E E E E E E E E E E E E E E E	Prescon Sil Sra V. P 4 nn	\$5.00 May B Added to Fees DDITIONS/CH/ S. Ince Fle S. Toveland	etwood va Ave ,FL 34	CERS AND C	OIRECTORS IN	N 10
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	BOD KREBILL, 18110 MC GROVELJ BOD PADGETT 564 E MA GROVELJ BOD KYLE, BA	Ay 1, 2008  OFFICERS AND BELINDA DRRISON ST AND, FL 34736  T, MARIE GNOLIA ST AND, FL 34736  RBARA	DIRECTORS	Trust Fund (	11. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI NAMI	E E E E E E E E E E E E E E E E E E E	President Property Pr	\$5.00 May B Added to Fees DDITIONS/CH/ S. To Pyeland Macli Box Yeland	etwood wa Ave , FL 34 ean 891 , FL 31	7.36	DIRECTORS IN Change	N 10
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	BOD KREBILL, 18110 MC GROVELJ BOD PADGETT 564 E MA GROVELJ BOD KYLE, BA 5639 MAR	OFFICERS AND DELINDA DRRISON ST AND, FL 34736 T, MARIE GNOLIA ST AND, FL 34736	DIRECTORS	Trust Fund (	11. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	E E E E E E E E E E E E E E E E E E E	President Section 184	\$5.00 May B Added to Fees DDITIONS/CH/ S. To Seveland Mac L Box Veland	etwood wa Ave , FL 34 ean 891 , FL 31	7.36	DIRECTORS IN Change	N 10  Addition  Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	BOD KREBILL, 18110 MC GROVELJ BOD PADGETT 564 E MA GROVELJ BOD KYLE, BA 5639 MAF GROVELJ BOD ROBERTS POB 57	OFFICERS AND DELINDA DRRISON ST AND, FL 34736 T, MARIE GNOLIA ST AND, FL 34736 RBARA RY'S VILLA RD AND, FL 34736	DIRECTORS	Trust Fund (	11. TITLE NAMI STRE CITY TITLE NAMI STRE	E E E E E E E E E E E E E E E E E E E	Presson Silver Second S	\$5.00 May BAdded to Fees DDITIONS/CH/ S. Inie Fle S. Iov Pyeland Weland The Mac Vill RG Vill RG Vill	etwood va Ave ,FL 34 ean 891 FL 31 nompsoi	736 1736	DIRECTORS IN Change	N 10  Addition  Addition
TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	BOD KREBILL, 18110 MC GROVELJ BOD PADGETT 564 E MA GROVELJ BOD KYLE, BA 5639 MAF GROVELJ BOD ROBERTS POB 57	OFFICERS AND DEFINITION BELINDA DERISON ST AND, FL 34736  T, MARIE GNOLIA ST AND, FL 34736  RBARA RY'S VILLA RD AND, FL 34736  S, MARIE	D DIRECTORS	Trust Fund (	11. TITLE NAMI STRE CITY	E E E E E E E E E E E E E E E E E E E	Presson Silver Second S	\$5.00 May BAdded to Fees DDITIONS/CH/ S. Inie Fle S. Iov Pyeland Weland The Mac Vill RG Vill RG Vill	etwood wa Ave , FL 34 ean 891 , FL 31	736 1736	DIRECTORS IN Change	N 10 Addition Addition Addition
TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD KREBILL, 18110 MC GROVELJ BOD PADGETT 564 E MA GROVELJ BOD KYLE, BA 5639 MAF GROVELJ BOD ROBERTS POB 57	OFFICERS AND DEFINITION BELINDA DERISON ST AND, FL 34736  T, MARIE GNOLIA ST AND, FL 34736  RBARA RY'S VILLA RD AND, FL 34736  S, MARIE	D DIRECTORS	Trust Fund (	TITLE NAMIN STRE CITY	E E E E E E E E E E E E E E E E E E E	Presson Silver Second S	\$5.00 May BAdded to Fees DDITIONS/CH/ S. Inie Fle S. Iov Pyeland Weland The Mac Vill RG Vill RG Vill	etwood va Ave ,FL 34 ean 891 FL 31 nompsoi	736 1736	Change Change	N 10  Addition  Addition  Addition

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.