

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90005 019 \*\*\*\*70.00

**DOCUMENT # N00000007878**

1. Entity Name  
**FRIENDS-TOGETHER, INC.**



Principal Place of Business  
**931 CUMBERLAND STREET  
LAKELAND, FL 33801**

Mailing Address  
**931 CUMBERLAND STREET  
LAKELAND, FL 33801**

**50058332**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05222005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, CATHY  
931 CUMBERLAND STREET  
LAKELAND, FL 33801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME ROBINSON PICKETT, CATHY ☐ Delete  
STREET ADDRESS 931 CUMBERLAND ST.  
CITY-ST-ZIP LAKELAND, FL 33801

TITLE ☐ Change ☒ Addition  
NAME ROBINSON, MATT  
STREET ADDRESS 504 WATER OAKS AVE  
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE D ☒ Delete  
NAME PICKETT, STEVEN C  
STREET ADDRESS 931 CUMBERLAND ST.  
CITY-ST-ZIP LAKELAND, FL 33801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME MCGUINN, SHAWN  
STREET ADDRESS 1056 EDITH AVENUE  
CITY-ST-ZIP LAKELAND, FL 33805

TITLE ☒ Change ☐ Addition  
NAME SHAWN MCGUINN (MCGUINN, SHAWN)  
STREET ADDRESS 4650 SANDLER CRESCENT  
CITY-ST-ZIP LAKELAND, FL 33810

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Shawn McGuinn SHAWN MCGUINN 7/25/05 863-838-8496  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #