2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0000007878 1. Entity Name FRIENDS-TOGETHER, INC.						07-28-2005 90005 019 ****70.00				
931 CUMBERLAND STREET 931		931 CUMBE	laiting Address 931 CUMBERLAND STREET AKELAND, FL 33801						50058	
2. Principal Place of Business 3		3. Maifing Add	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			05222005	Chg-NP		2E037 (10/0:	3)
City & State		City & Stat	City & State			4. FEI Numbe NOT AP	PLICABLE			Applied For Not Applicable
Zip	Country	Zip		Country		5. Certificate	of Status Desi	red 🔀	\$8.75 Fee Requ	Additional iired
	6. Name and Address of Currer	nt Registered Agen	<u>t</u>	Namo		7. Name and	Address of N	lew Registe	red Agent	
ROBINSON, CATHY 931 CUMBERLAND STREET LAKELAND, FL 33801			<u></u>	Name Street Address (P.O. Box Number is Not Acceptable)						
				City			·····		FL Zip C	code
	named entity submits this statement ions of registered agent.	for the purpose of o	hanging its regis	stered office o	r registere	ed agent, or bot	h, in the State	of Florida.	l am familiar w	ith, and accept
SIGNATURE.										
	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Regis	stered Agent signati	ure required	when reinstating)		E	ATE	
Di	Filing Fee is \$61.25 ue by September 7, 2005	9 . E	(NOTE: Regis Election Campaig rust Fund Contril	n Financing		\$5.00 May B Added to Fees	9	Make o	heck payable epartment o	
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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)(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 MCGNINN 7/25/05 863-838-8496
SIGNATURE AND TYPED OR PRINTED NAME OF BUSING OFFICER OR DIRECTOR TO PROTECT OR DIRECTOR