

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2007 08:00 A**  
**Secretary of State**

**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**



05142007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBINSON PICKETT, CATHY 931 CUMBERLAND ST. LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROLISON, MATT 504 WATER OAKS AVE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCGUINN, SHAWN 4650 SENANDER CRESCENT LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000785315  
05/31/07-80034-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/22/07*

Date

*863-838-8496*

Daytime Phone #