

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001141

FILED
Feb 19, 2007
Secretary of State

Entity Name: FRIENDS & FAMILY ASSEMBLY, INC.

Current Principal Place of Business:

17307 CARLTON BRANCH DR.
WIMAUMA, FL 33598

New Principal Place of Business:

Current Mailing Address:

17307 CARLTON BRANCH DR.
WIMAUMA, FL 33598

New Mailing Address:

FEI Number: 59-3698637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWBERRY, KIMBERLY A
811-B CYPRESS VILLAGE BLVD
RUSKIN, FL 335736724 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: DP () Delete
Name: NEWBERRY, DONALD G
Address: 17307 CARLTON BRANCH DR.
City-St-Zip: WIMAUMA, FL 33598

Title: DVT () Delete
Name: NEWBERRY, KIMBERLY A
Address: 17307 CARLTON BRANCH DR.
City-St-Zip: WIMAUMA, FL 33598

Title: DS () Delete
Name: SAYERS, ROBERT A
Address: 6002 LOTTA WATTA LN
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: BENEFIELD, LYMAN
Address: 20125 KEENE ROAD
City-St-Zip: WIMAUMA, FL 33598

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: BENEFIELD, LYMAN
Address: 304 DELWOOD BRECK STREET
City-St-Zip: RUSKIN, FL 33570

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: KIMBERLY A. NEWBERRY

DVT

02/19/2007

Electronic Signature of Signing Officer or Director

Date