

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001141

**FILED**  
**Feb 15, 2010**  
**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:**

NEWBERRY, KIMBERLY A  
17307 CARLTON BRANCH DRIVE  
WIMAUMA, FL 33598 US

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: KIMBERLY A. NEWBERRY

02/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: NEWBERRY, DONALD G  
Address: 17307 CARLTON BRANCH DR.  
City-St-Zip: WIMAUMA, FL 33598

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

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

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY A. NEWBERRY

DVT

02/15/2010

Electronic Signature of Signing Officer or Director

Date