## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 04, 2006 8:00 am Secretary of State DOCUMENT # N01000004072 1. Entity Name 05-04-2006 90217 038 \*\*\*\*61.25 FRIENDS OF CASA FELIZ, INC. Principal Place of Business Mailing Address 1002 TEMPLE GROVE WINTER PARK FL 32789 1002 TEMPLE GROVE WINTER PARK FL 32789 2. Principal Place of Business 656 Park Avenue 3. Maiting Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For Park, FL 4. FEI Number winter 59-3737446 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREEN, ROBERT S <del>225 EAST ROBINSON STREE</del>T ORLANDO-FL-92804 City 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete THEF ☐ Change ☐ Addition ROGERS, JOHN H NAME 1002 TEMPLE GROVE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP DED ☐ Addition TITLE ☐ Delete TITLE OWENS, BETSY NAME NAME P.O. BOX 591 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32790 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREEN, ROBERT S NAME NAME STREET ADDRESS 225 E. ROBINSON ST. STREET ADDRESS ORLANDO FL 32801 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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