

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004033

FILED  
Jan 30, 2008  
Secretary of State

**Entity Name:** FRIENDS OF HEALTH & HUMAN SERVICES OF ST. JOHNS COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

4475 US 1 SOUTH  
STE 103  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

4475 US 1 SOUTH  
STE 106  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

P O BOX 860172  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 03-0444454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAWFORD, JOHN R  
4475 US 1 SOUTH  
STE 103  
SAINT AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

CRAWFORD, JOHN R  
4475 US 1 SOUTH  
STE 106  
SAINT AUGUSTINE, FL 32086 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: \_\_\_\_\_

01/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P (X) Delete  
Name: BUSH, MARTHA  
Address: 4475 US 1 SOUTH STE 103  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: V ( ) Delete  
Name: FREEMAN, CHERYL  
Address: 4475 US 1 SOUTH STE 103  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T ( ) Delete  
Name: CRAWFORD, JOHN R  
Address: 4475 US 1 SOUTH STE 103  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (X) Change ( ) Addition  
Name: FREEMAN, CHERYL  
Address: 4475 US 1 SOUTH STE 106  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T (X) Change ( ) Addition  
Name: CRAWFORD, JOHN R  
Address: 4475 US 1 SOUTH STE 106  
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify 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: JOHN R CRAWFORD

T

01/30/2008

Electronic Signature of Signing Officer or Director

Date