2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N02000005668

FRIENDS OF THE COMMUNITY CENTERS, INC.



FILED

Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90395 024 ****61.25

Principal Place of Business 2804 MARC KNIGHTON CT. STE B ROOM 150 LECANTO, FL 34461		Mailing Address 2804 MARC KNIGHTON CT. STE B ROOM 150 LECANTO, FL 34461			:									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			\dashv									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					03192008	Chę	j-NP	CR	2E037 (12/06)		
City & State		City & State				4. FEI Number Applied For 03-0436639 Not Applicable								
Zip	Country	ountry Zip		Coun	Country		5. Certificate of Status Desired Security \$8.75 Additional Fee Required							
	6. Name and Address of Current	Registered	Agent				7. Name and	Addre	ss of New	Registe	red Age	nt		
OLIVED I	NANCY P				Name									
OLIVERI, NANCY R 2778 W. BRAMWOOD DR. PINE RIDGE, FL 34465						Street Address (P.O. Box Number is Not Acceptable)								
				L	0.7						₁	7: 0 4		
					City						FL	Zip Cod	ð	
	named entity submits this statement for ions of registered agent.	or the purpo	se of changing its re	gistered	d office or re	egistere	ed agent, or bot	th, in th	e State of F	Florida.	l am fami	iliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	t and little if englis	ahle (NOTE: B	lectistered :	Agent signature	cognized :	whon reinstating)			n	ATE		<u> </u>	
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Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.											
	4. -		-	-			\$5.00 May B Added to Fees				heck pa epartme	-		
10.	4. -	IRECTORS	-	-		J 			Fic	orida D	epartme	ent of St	tate	
10.	OFFICERS AND DI	RECTORS	-	ntributio		J 	Added to Fees		Fic	orida D	epartme D DIREC	ent of St	tate	
TITLE NAME	OFFICERS AND DI PD HARMON, BARBARA J	RECTORS	Trust Fund Cor	11. TITLE	on.	J 	Added to Fees		Fic	orida D	epartme D DIREC	TORS IN	10	
TITLE NAME STREET ADDRESS	OFFICERS AND DI PD HARMON, BARBARA J 1178 N. GREENTREE TERR.	RECTORS	Trust Fund Cor	11. TITLE NAME STREET	T ADDRESS	J 	Added to Fees		Fic	orida D	epartme D DIREC	TORS IN	tate	
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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: Barbara J. HARMON BARBARA J. HARMON SIGNATURE AND TYPED CES PROVITED NAME OF SIGNING OFFICER OR DIRECTOR