

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90187 040 ****61.25

DOCUMENT # N02000006071 1. Entity Name FRIENDS ALONG THE ROAD, INC.			
Principal Place of Business 4725 BARKLEY CIRCLE #1 FORT MYERS, FL 33907		Mailing Address 4725 BARKLEY CIRCLE #1 #302 FORT MYERS, FL 33907	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 		3. Mailing Address PMB102, 13401-9 Summerlin Rd. Suite, Apt. #, etc. City & State Fort Myers, FL Zip 33914-6593 Country USA	
			
		04062005 Chg-NP CR2E037 (10/03)	
4. FEI Number 13-4207135		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERCE, DAVID D JR. 4725 BARKLEY CIRCLE #1 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P PIERCE, DAVID D JR. 4725 BARKLEY CIRCLE #1 FORT MYERS, FL 33907 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD MCDERMOTT, KAREN 237 W. 3RD DENVER, CO 80223 ☒ Delete	TITLE	Vice President Executive Secretary ☐ Change ☒ Addition
NAME		NAME	De Viro, Giulia
STREET ADDRESS		STREET ADDRESS	Via Visintin, 41
CITY-ST-ZIP		CITY-ST-ZIP	I-28100 Novara, Italy
TITLE	SD PIERCE, JUDITH A 4725 BARKLEY CIRCLE #1 FORT MYERS, FL 33907 ☐ Delete	TITLE	Secretary/Treasurer ☒ Change ☐ Addition
NAME		NAME	Pierce, Judith A.
STREET ADDRESS		STREET ADDRESS	4725 Barkley Circle #1
CITY-ST-ZIP		CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	T GRAHAM, JC 12424 SW 154TH ST. VASHON, WA 98070 ☒ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	2V FISHER, SHAUNA 121 FOREST DRIVE FRISCO, CO 80443 ☐ Delete	TITLE	2VP ☒ Change ☐ Addition
NAME		NAME	Bocksch, Shanna
STREET ADDRESS		STREET ADDRESS	93 Siskin Lane, P.O. Box 893
CITY-ST-ZIP		CITY-ST-ZIP	Frisko, CO 80443
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 persons empowered.			
SIGNATURE: <u>David D. Pierce, Jr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4-6-05</u> <u>239-590-9308</u> Date Daytime Phone #	