

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009262

FILED  
Apr 21, 2006  
Secretary of State

**Entity Name:** FLORIDA FRIENDS FOR CHOICE, INC.

**Current Principal Place of Business:**

931 VILLAGE BLVD  
STE 905-217  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

931 VILLAGE BLVD  
STE 905-217  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 81-0584069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OSOFSKY, MARSHALL J  
625 N. FLAGLER DR., 9TH FLOOR  
WEST PALM BEACH, FL 33401 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NEEDLE, RACHEL  
Address: 931 VILLAGE BLVD, STE 905-217  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete  
Name: SCHECKNER, JERI  
Address: 931 VILLAGE BLVD, STE 905-217  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete  
Name: SIMONTON, DIRK  
Address: 931 VILLAGE BLVD, STE 905-217  
City-St-Zip: WEST PALM BEACH, FL 33409

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RACHEL NEEDLE

D

04/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date