2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2009
Secretary of State

DOCUMENT# N03000002568

Entity Name: FRIENDLY GROUP HOME, INC.

Current Principal Place of Business:

2602 50TH STREET WEST
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

530 SW 198 TERRACE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 30-0116266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOUISSAINT, LYS
530 SW 198 TERR
PEMBROKE PINES, FL 33029 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: VP ( ) Delete
Name: LOUISSAINT, MARIE C
Address: 530 SW 198 TERR
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P ( ) Delete
Name: ETIENNE, MARIE O
Address: 19830 NE 14TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T ( ) Delete
Name: RAYMOND, MARGARET
Address: 272 NE 200 TERRACE
City-St-Zip: MIAMI, FL 33179

Title: S ( ) Delete
Name: JONATHAS, JEAN MURAT
Address: 13763 SW 26TH STREET
City-St-Zip: MIRAMAR, FL 33027

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:

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

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: MARIE CARMELLE LOUISSAINT VP 05/17/2009
Electronic Signature of Signing Officer or Director — Date