

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004518

Entity Name: THE FRIENDS OF ALIMICANI, INC.

FILED
Apr 21, 2004
Secretary of State

Current Principal Place of Business:

2051 SAN PABLO RD
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

2051 SAN PABLO RD
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 05-0569279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUNKHOUSER, CINDY
12921 WAXMYRTLE LN
JACKSONVILLE, FL 32246 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: CD () Delete
Name: FUNKHOUSER, CINDY
Address: 12921 WAXMYRTLE LN
City-St-Zip: JACKSONVILLE, FL 32246

Title: VCD () Delete
Name: SHEPPARD, JIM
Address: 13049 VIBURNUM DR N
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD () Delete
Name: SMITH, ACKERLINE
Address: 12858 WINGED ELM DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD () Delete
Name: GUFFORD, JOE
Address: 13966 SOUND OVERLOOK DR N
City-St-Zip: JACKSONVILLE, FL 32246

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 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 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: JOE GUFFORD

TREA

04/21/2004

Electronic Signature of Signing Officer or Director

Date