2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2009 Secretary of State

Entity Name: FRIENDS OF MEAD GARDEN, INC.

Current Principal Place of Business: New Principal Place of Business: 1300 S. DENNING DRIVE WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 1227 WINTER PARK, FL 327901227 FEI Number: 20-0198727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LASSITER, BEVERLY 316 VIRGINIA DR. WINTER PARK, FL 32789 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MADISON, DORI Name: Name: 2900 COVE TRAIL Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: VD Title: VD (X) Change () Addition () Delete DAY, AMANDA Name: PABST, MARGIE Name: Address: 1461 PALM AVE. Address: 321 WEST READING WAY City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789 Title: VD. () Delete Title: (X) Change () Addition BLYDENBURGH, JEFF BLYDENBURGH, JEFFREY Name: Name: 127 W FAIRBANKS AVENUE #450 Address: Address: 204 GENIUS DRIVE City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789 Title: TD Title: TD () Delete (X) Change () Addition Name: MILES, JANE E Name: MILES, JANIE 2115 SANTA ANTILLES ROAD Address: Address: 2115 SANTA ANTILLES ROAD City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32806 Title: () Delete Title: () Change () Addition FOREMAN, SUE Name: Name: 1940 SUMMERLAND AVE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: (X) Change () Addition KULMANN, LINDA WEIR BILL Name: Name: Address: 257 EAST CANTON AVE. Address: 32 SANTIAGO DRIVE WINTER PARK, FL 32789 WINTER PARK, FL 32789 City-St-Zip: 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: JANIE MILES TD 04/28/2009