

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 11, 2006 8:00 am
Secretary of State**

07-11-2006 90016 048 ****61.25

DOCUMENT # N03000006595

1. Entity Name
FRINEDS OF OUR ORPHANAGES, INC.



Principal Place of Business
**JOSEPH THOMPSON C/O GREENSPAN
3116 NW 62ND TERR
GAINESVILLE, FL 32606**

Mailing Address
**JOSEPH THOMPSON C/O GREENSPAN
3116 NW 62ND TERR
GAINESVILLE, FL 32606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
20-0166567

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, JOSEPH M
4500 SW 44 ST
GAINESVILLE, FL 32608**

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

Joseph M. Thompson

July 6, 06

**Filing Fee is \$61.25
Due by September 6, 2006**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.		<input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D THOMPSON, JOSEPH M 4500 SW 44 ST GAINESVILLE, FL 32608</p>		<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>Treasurer Susan Torgerson 4010 NW 19th Place Gainesville, FL 32605</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D PURSELL, ANN 2014 NE 6 TER GAINESVILLE, FL 32609</p>		<p><input checked="" type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>Secretary Sally Kimberly 5002 NW 64th Lane Gainesville, FL 32653</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D SLEDGE, FRANK 3315 SE 29TH AVENUE HIGH SPRINGS, FL 32643</p>		<p><input checked="" type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>Vice President Carlton Boyd 5815 NW 30th Terr Gainesville, FL 32653</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: *Susan Torgerson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-06 352-367-5073

Date

Daytime Phone #