

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
FRIENDS 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**

40098203



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
20-0166567

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 6, 06

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **THOMPSON, JOSEPH M**
STREET ADDRESS **4500 SW 44 ST**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Susan Torgerson**
STREET ADDRESS **4010 NW 19th Place**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **D** ☒ Delete
NAME **PURSELL, ANN**
STREET ADDRESS **2014 NE 6 TER**
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Sally Kimberly**
STREET ADDRESS **5002 NW 64th Lane**
CITY-ST-ZIP **Gainesville, FL 32653**

TITLE **D** ☒ Delete
NAME **SLEDGE, FRANK**
STREET ADDRESS **3315 SE 29TH AVENUE**
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Carlton Boyd**
STREET ADDRESS **5815 NW 30th Terr**
CITY-ST-ZIP **Gainesville, FL 32653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

352-367-5073

Daytime Phone #