

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006595

FILED
Mar 08, 2007
Secretary of State

Entity Name: FRIENDS OF OUR ORPHANAGES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

JOSEPH THOMPSON
4500 SW 44TH STREET
GAINESVILLE, FL 32608 US

Current Mailing Address:

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

New Mailing Address:

JOSEPH THOMPSON
PO BOX 14462
GAINESVILLE, FL 32604 US

FEI Number: 20-0166567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

THOMPSON, JOSEPH M
4500 SW 44TH STREET
GAINESVILLE, FL 32608 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:

03/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, JOSEPH M
Address: 4500 SW 44 ST
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: TORGERSON, SUSAN
Address: 4010 NW 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: S (X) Delete
Name: KIMBERLY, SALLY
Address: 5002 NW 64 LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: VP (X) Delete
Name: BOYD, CARLTON
Address: 5815 NW 30TH TERR
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: THOMPSON, JOSEPH M
Address: 4500 SW 44TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D,T (X) Change () Addition
Name: SCHACHT, CAREY
Address: 4510 SW 44TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US

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 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: JOSEPH M THOMPSON

D

03/08/2007

Electronic Signature of Signing Officer or Director

Date