


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90423 028 ****61.25

DOCUMENT # N03000006752

1. Entity Name
FRIENDS OF SYNCHRO, INC.



Principal Place of Business
217 KATHERINE BLVD #2102
PALM HARBOR, FL 34684

Mailing Address
217 KATHERINE BLVD #2102
PALM HARBOR, FL 34684

2. Principal Place of Business
284 Katherine Blvd

3. Mailing Address
284 Katherine Blvd

Suite, Apt. #, etc.
8201


Suite, Apt. #, etc.
8201

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

Zip Country
34684 -

Zip Country
34684 -



02102004 Chg-NP CR2E037 (10/03)

4. FEI Number
32-0088989

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ZOHN, JODY B
217 KATHERINE BLVD #2102
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
284 Katherine Blvd

8201

City **Palm Harbor** **FL** Zip Code **34684**

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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

TITLE	D <input type="checkbox"/> Delete
NAME	ZOHN, JODY B
STREET ADDRESS	217 KATHERINE BLVD #2102
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D <input type="checkbox"/> Delete
NAME	PATTERSON, JEAN
STREET ADDRESS	10749 126 AVE NORTH
CITY-ST-ZIP	LARGO, FL 33778
TITLE	D <input type="checkbox"/> Delete
NAME	O'CONNELL, JAYNE
STREET ADDRESS	3118 BLUE HERON ST
CITY-ST-ZIP	SAFETY HARBOR, FL 34696
TITLE	D <input type="checkbox"/> Delete
NAME	COOKE, DAVID
STREET ADDRESS	105 HARBOR WOODS CIR
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	284 Katherine Blvd #8201
CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jody B. Zohn **Jody B. Zohn, President** 4/29/04 727-588-5196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)