2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006752

Title:

Name:

Address:

City-St-Zip:

· Name: EDIENDO OF OVNOUDO IN

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105 HARBOR WOODS CIR

SAFETY HARBOR, FL 34695

COOKE, DAVID

FILED Apr 03, 2008 Secretary of State

Entity Nam	ie: FRIENDS	S OF SYNCHRO, INC.		
Current Principal Place of Business:		of Business:	New Principal Place of Business:	
	IDCHAMP CII BOR, FL 346			
Current Mailing Address:		ss:	New Mailing Address	s:
	IDCHAMP CII BOR, FL 346			
FEI Number:	32-0088989	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
70111110		#0201		
	BOR, FL 346	84 US	see of changing its registers	d office or registered agent or both
284 KÁTHE PALM HARI	BOR, FL 346	84 US	oose of changing its registered	d office or registered agent, or both,
284 KÁTHE PALM HARI The above r	BOR, FL 346 named entity sof Florida. E:	84 US submits this statement for the purp	pose of changing its registered	d office or registered agent, or both,
284 KATHE PALM HARI The above r in the State	BOR, FL 346 named entity sof Florida. E:	84 US	pose of changing its registered	d office or registered agent, or both, Date
284 KATHE PALM HARI The above r in the State SIGNATUR	BOR, FL 346 named entity sof Florida. E:	84 US submits this statement for the purp nic Signature of Registered Agent		
284 KATHE PALM HARI The above r in the State SIGNATUR	BOR, FL 346 named entity sof Florida. E: Electron AND DIREC	submits this statement for the purpoinc Signature of Registered Agent TORS: Delete B HAMP CIRCLE		Date
284 KATHE PALM HARI The above r in the State SIGNATUR OFFICERS Title: Name: Address:	BOR, FL 346 named entity of Florida. E: Electron AND DIREC D () LANDIS, JODY 4116 GRANDOR PALM HARBOR	submits this statement for the purposic Signature of Registered Agent TORS: Delete B HAMP CIRCLE R, FL 34685 Delete JEAN NENORTH	ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAYNE O'CONNELL D 04/03/2008

() Change () Addition