

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009340

FILED
Apr 26, 2006
Secretary of State

Entity Name: MY FRIENDS PLACE, INC.

Current Principal Place of Business:

P.O. BOX 155
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 155
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 20-0881466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY
239 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: TILLMAN, MARIANNE
Address: 175 BEATY TAFF DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: CD () Delete
Name: JOHNSON, JOANNA
Address: 171 LEVEY BAY ROAD
City-St-Zip: PANACEA, FL 32348

Title: STD () Delete
Name: BURTON, ALY
Address: 252 BOTTOM ROAD
City-St-Zip: PANACEA, FL 32346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARAINE TILLMAN

CD

04/26/2006

Electronic Signature of Signing Officer or Director

Date