

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010431

FILED
Oct 14, 2009
Secretary of State

Entity Name: SAMANTHA'S FRIENDS INC.

Current Principal Place of Business:

10514 CYPRESS POINT DRIVE
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

10514 CYPRESS POINT DRIVE
BRADENTON, FL 34202 US

New Mailing Address:

FEI Number: 81-0637170 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOZZA, ALICE D
10514 CYPRESS POINT DRIVE
BRADENTON, FL 34202 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: CRAIG BOZZA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOZZA, ALICE D
Address: 10514 CYPRESS POINT DRIVE
City-St-Zip: BRADENTON, FL 34202 US

Title: VD () Delete
Name: BOZZA, SAMANTHA L
Address: 10514 CYPRESS POINT DRIVE
City-St-Zip: BRADENTON, FL 34202 US

Title: T () Delete
Name: BOZZA, CRAIG M
Address: 10514 CYPRESS POINT DR
City-St-Zip: BRADENTON, FL 34202 US

Title: D () Delete
Name: RAIBLE, MARK
Address: 1201 6TH AVENUE W.
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: CAMPIONE, ENID
Address: 8516 DEE CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

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:

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 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: ALICE BOZZA

PRES

10/14/2009

Electronic Signature of Signing Officer or Director

Date