

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90199 043 ****61.25

DOCUMENT # N04000001682					
1. Entity Name FRIENDS OF PFN, INC.					
Principal Place of Business 2810 WEST 22ND STREET PANAMA CITY, FL 32405			Mailing Address 2810 WEST 22ND STREET PANAMA CITY, FL 32405		
2. Principal Place of Business 3513 Rosewood Cir Suite, Apt. #, etc.		3. Mailing Address 3513 Rosewood Cir Suite, Apt. #, etc.			
City & State Lynn Haven Zip 32444 Country Bay		City & State Lynn Haven Zip 32444 Country Bay		4. FEI Number 20-1966894	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent GORHAM, FRANK 2810 WEST 22ND STREET PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name: Gorham, Frank Street Address (P.O. Box Number is Not Acceptable): 3513 Rosewood Cir City: Lynn Haven FL Zip Code: 32444		
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Gorham, Frank-Pres J.B. Sochauf</u> DATE: <u>4/29/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)</small>					
Filing Fee is \$61.25 Due by May 1, 2005 #1002		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORHAM, FRANK 2810 WEST 22ND STREET PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gorham, Frank 3513 Rosewood Cir Lynn Haven, FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NICHOLS, SARA 3114 W. 20TH COURT PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>J.B. Sochauf</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/29/2005</u> (850) <u>522-9548</u> <small>Daytime Phone</small>		