

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004603

FILED
Jul 17, 2006
Secretary of State

Entity Name: FRIENDS OF GYPSY, INC.

Current Principal Place of Business:

P.O. BOX 37422
TALLAHASSEE, FL 323157422

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37422
TALLAHASSEE, FL 323157422

New Mailing Address:

FEI Number: 84-1647341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

THOMPSON, JANET A DR.
817 ASHLYN FOREST DR.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

THOMPSON, JANET A DR.
138 FOREST LANE
CRAWFORDVILLE, FL 32327 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: DR. JANET A. THOMPSON

07/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, JANET A DR.
Address: 817 ASHLYN FOREST DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: GRACE, RACHEL J K
Address: 1211 STONE GREEN CT.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: WESTERVELT, ROSE
Address: 2102 QUEENSWOOD DR.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THOMPSON, JANET A DR.
Address: 138 FOREST LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

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: DR. JANET A. THOMPSON

DIR.

07/17/2006

Electronic Signature of Signing Officer or Director

Date