

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006202

FILED
Jan 26, 2006
Secretary of State

Entity Name: FAMILY AND FRIENDS PROVISION INC.

Current Principal Place of Business:

101 CASTLEWOOD DR
NORTH PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10474
RIVERIA BEACH, FL 33404 US

New Mailing Address:

FEI Number: 03-0489436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, ADELIA
1227 ROSE GATE
RIVIERA BEACH, FL 33404 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: D () Delete
Name: GRANT, CATHY
Address: 1414 WEDGEWOOD PLAZA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: HOUSTON, IRVAN
Address: 4777 NORTH AUSTRALIAN DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: PRICE, DEBRA
Address: 4769 NORTH AUSTRALIAN DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: SPENCER, ADELIA
Address: 5297 VICTORIA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: POWEL, NICOLE
Address: 200 BROADWAY
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: SHEFFIELD, TERESA
Address: 200 BROADWAY
City-St-Zip: WEST PALM BEACH, FL 33409

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:

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: CATHY GRANT

D

01/26/2006

Electronic Signature of Signing Officer or Director

Date