

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 25, 2008  
Secretary of State

DOCUMENT# N04000006202

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:**

1700 45TH STREET  
1735  
WEST PALM BEACH, FL 33409 US

**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 CICRLE  
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 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: ADELIA SPENCER

ED

01/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date