

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009502

FILED
Apr 28, 2009
Secretary of State

Entity Name: SERVANTS OF FRIENDS, INC.

Current Principal Place of Business:

1953 SW 180 TERRACE
MIRAMAR, FL 33029

New Principal Place of Business:

2495 NW 187TH AVENUE
PEMBROKE PINES, FL 33029

Current Mailing Address:

1953 SW 180 TERRACE
MIRAMAR, FL 33029

New Mailing Address:

16352 NW 11TH STREET
PEMBROKE PINES, FL 33028

FEI Number: 51-0531655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOLY, MARIE R
1953 SW 180 TERRACE
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

CARLING, SERETTE
16352 NW 11TH STREET
PEMBROKE PINES, FL 33028 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: SERETTE CARLING

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: SILVER, MAUDE
Address: 2495 NW 187 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: CARLING, SERETTE
Address: 16352 NW 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DT () Delete
Name: JOLY, MARIE R
Address: 1453 SW 180TH TERRACE
City-St-Zip: MIRAMAR, FL 33029

Title: M () Delete
Name: DESHOMMES, MARIE
Address: 12105 SW 189TH STREET
City-St-Zip: MIAMI, FL 33177

Title: S () Delete
Name: CLERMONT, ELIANE
Address: 233 SW 166 AVE
City-St-Zip: HOLLYWOOD, FL 33027

Title: S () Delete
Name: YOLAINE, CELESTIN
Address: 2552 W SARATOGA DRIVE
City-St-Zip: COPPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: CARLING, SERETTE
Address: 16352 NW 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: M (X) Change () Addition
Name: ETIENNE, PHILOMENE
Address: 15195 NW 1ST STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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: SERETTE CARLING

DT

04/28/2009

Electronic Signature of Signing Officer or Director

Date