

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011249

1. Entity Name
FRIENDS OF MARC INC.



Principal Place of Business
**41 JOLLY ROGER DR
KEY LARGO, FL 33037**

Mailing Address
**41 JOLLY ROGER DR
KEY LARGO, FL 33037**



02222006 No Chg-NP -- CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3790830

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZIEGLER, S HARVEY ESQ
41 JOLLY ROGER DR
KEY LARGO, FL 33037**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1800000454365
03/15/06-80012-017 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
EISNOR, CINDY
101 SAN JUAN DR
PLANTATION KEY, FL 33070**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
FRESCO, ANDREA
28 SNAPPER AVE
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
ZIEGLER, S HARVEY
41 JOLLY ROGER DR
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Andrea Fresco Greanues* **2/22/06** **305-453-0371**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #