## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000843

City-St-Zip:

**FILED** Apr 16, 2009 Secretary of State

Entity Name: DELAND FRIENDS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1485 PERIWINKLE DR DELAND, FL 32724 **Current Mailing Address: New Mailing Address:** 1485 PERIWINKLE DR DELAND, FL 32724 FEI Number: 30-0311968 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DANIEL R. VAUGHEN, P.A. 1485 PERIWINKLE DR DELAND, FL 32724 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CROCE, ANN JEROME Name: Name: Address: 526 LAND O' LAKES COURT Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CAIN, JIM Name: Address: 430 N. COLORADO AVE Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: Title: () Delete Title: () Change () Addition VAUGHEN, DANIEL R Name: Name: 1485 PERIWINKLE DR Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: ( ) Delete Title: Title: () Change () Addition WETHERILL, ELEANOR Name: Name: Address: 1A NASTURTIUM COURT Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition GASKILL, CATHERINE Name: Name: 13 SWEETGUM DR APT B Address: Address:

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.

City-St-Zip:

ORANGE CITY, FL 32763

SIGNATURE: JIM CAIN D 04/16/2009