


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90074 013 \*\*\*\*61.25

DOCUMENT # N05000001026					
1. Entity Name FRIENDS OF CHILDREN OF NORTH CENTRAL FLORIDA, INC.					
Principal Place of Business 3700 NW 91ST STREET SUITE A100 GAINESVILLE, FL 32606			Mailing Address 3700 NW 91ST STREET SUITE A100 GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box # <b>3500 NW 97 Blvd</b>		3. Mailing Address <b>3500 NW 97 Blvd.</b>			
Suite, Apt. #, etc. <b>SUITE A</b>		Suite, Apt. #, etc. <b>SUITE A</b>			
City & State <b>Gainesville FL</b>		City & State <b>Gainesville FL</b>			
Zip <b>32606</b>	Country <b>ALACHUA</b>	Zip <b>32606</b>	Country <b>ALACHUA</b>	4. FEI Number <b>59-3812245</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOCKE, RONALD A 3700 NW 91ST STREET SUITE A100 GAINESVILLE, FL 32606			Name <b>RONALD A LOCKE</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>3500 NW 97 BOULEVARD</b>		
			<b>SUITE A</b>		
			City <b>GAINESVILLE</b>		Zip Code <b>32606</b>
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 <b>RONALD A LOCKE</b>		<i>Ronald Locke</i>		DATE <b>4/11/07</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> CARROLL, BEVERLY P MRS 928 SW 98 ST GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> LOCKE, RON MR 8909 SW 122 ST GAINESVILLE, FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> CELLON, BILL MR. STATE ROAD 121 ALACHUA, FL 32615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> MOORE, MARYLYNNE MRS. 4625 NW 43 PL GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HARVEY, WAYNE MR 6316 NW 246 AVE. LACROSS, FL 32658	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Ronald Locke</i> - V. PRESIDENT				DATE <b>4/11/07</b> DAYTIME PHONE # <b>352-331-3396</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE Daytime Phone #	