

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001026

FILED
Mar 16, 2009
Secretary of State

Entity Name: FRIENDS OF CHILDREN OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

3500 NW 97 BLVD
SUITE A
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3500 NW 97 BLVD
SUITE A
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3812245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKE, RONALD A
3500 NW 97 BOULEVARD
SUITE A
GAINESVILLE, FL 32606 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: P () Delete
Name: CARROLL, BEVERLY P MRS
Address: 928 SW 98 ST
City-St-Zip: GAINESVILLE, FL 32607 US

Title: V () Delete
Name: LOCKE, RON MR
Address: 8909 SW 122 ST
City-St-Zip: GAINESVILLE, FL 32608 US

Title: T () Delete
Name: CELLON, BILL MR.
Address: 17218 N. STATE RD. 121
City-St-Zip: GAINESVILLE, FL 32653 US

Title: S () Delete
Name: MOORE, MARYLYNNE MRS.
Address: 4625 NW 43 PL
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: HARVEY, WAYNE MR
Address: 6316 NW 246 AVE.
City-St-Zip: LACROSSE, FL 32658 US

Title: AS () Delete
Name: MELCHIOR, JUANITA MS.
Address: 10251 NE 92 PL.
City-St-Zip: BRONSON, FL 32621 US

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: BILL CELLON

Electronic Signature of Signing Officer or Director

T

03/16/2009

Date