

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004426

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** FRIENDS OF SENEHUN NGOLA IN SIERRA LEONE, INC.

**Current Principal Place of Business:**

16703 BLENHEIM DRIVE  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 403  
LUTZ, FL 335480403 US

**New Mailing Address:**

**FEI Number:** 52-2457796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MORRISON-RODRIGUEZ, BARBARA  
16703 BLENHEIM DRIVE  
LUTZ, FL 33549 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: DR. ( ) Delete  
Name: MORRISON-RODRIGUEZ, BARBARA  
Address: 16703 BLENHEIM DRIVE  
City-St-Zip: LUTZ, FL 33549 US

Title: MR. ( ) Delete  
Name: MORRISON, SCOTT R  
Address: 8127 STONE PATH WAY  
City-St-Zip: TAMPA, FL 33647 US

Title: MR. ( ) Delete  
Name: MORAN, WILSON  
Address: ROUTE 2, BOX 2116  
City-St-Zip: TOWSEND, GA 31331 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:

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: BARBARA MORRISON-RODRIGUEZ

DR,

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date