

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005417

FILED  
Apr 04, 2006  
Secretary of State

**Entity Name:** FRIENDSHIP FORCE OF CELEBRATION, INC.

**Current Principal Place of Business:**

732 EASTLAWN DRIVE  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

500 MIRASOL CIRCLE, APT #202  
CELEBRATION, FL 34747 US

**Current Mailing Address:**

732 EASTLAWN DRIVE  
CELEBRATION, FL 34747 US

**New Mailing Address:**

500 MIRASOL CIRCLE, APT #202  
CELEBRATION, FL 34747 US

**FEI Number:** 84-1677172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAEHRLING, PATRICIA A MRS.  
732 EASTLAWN DRIVE  
CELEBRATION, FL FL US

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

JAEHRLING, PATRICIA A MRS.  
500 MIRASOL CIRCLE, APT #202  
CELEBRATION, FL FL US

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: PATRICIA A JAEHRLING

04/04/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JAEHRLING, PATRICIA A MRS  
Address: 732 EASTLAWN DRIVE  
City-St-Zip: CELEBRATION, FL 34747 US

Title: VP ( ) Delete  
Name: JAEHRLING, KARLHEINZ MR.  
Address: 732 EASTLAWN DRIVE  
City-St-Zip: CELEBRATION, FL 34747 US

Title: ST ( ) Delete  
Name: SMITH, SUSAN L MRS  
Address: 108 CELEBRATION BOULEVARD  
City-St-Zip: CELEBRATION, FL 34747 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JAEHRLING, PATRICIA A MRS  
Address: 500 MIRASOL CIRCLE, APT #202  
City-St-Zip: CELEBRATION, FL 34747 US

Title: VP (X) Change ( ) Addition  
Name: JAEHRLING, KARLHEINZ MR.  
Address: 500 MIRASOL CIRCLE, APT #202  
City-St-Zip: CELEBRATION, FL 34747 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN L SMITH

ST

04/04/2006

Electronic Signature of Signing Officer or Director

Date