2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005913

Entity Name: FRIENDS OF NEWMAN INC

FILED Jan 15, 2008 Secretary of State

Entity Name: FRIENDS OF NEWMAN, INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
	3RD STREET TON, FL 3343	2			
Current Mailing Address:			New Mailing Address:		
4505 SOU 106	ITH OCEAN BI	LVD			
HIGHLAN	D BEACH, FL	334874227			
FEI Number	: 20-2990174	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
110 MERF	LD, PATRICK C RICK WAY SUI ABLES, FL 33	TE3-B			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (GAUCHER, PA 1472 SW 13TH BOCA RATON,	I DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCCORRY, TE 9995 N. MILTA) Delete RENCE RY TRAIL P.O. BOX 109650 GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (FLUEHR, CHRI 280 FERN DRI BOCA RATON,	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (CUTAIA, SUSA 2095 PARK CO BOCA RATON,	DURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () SIEGEL, RICH) Delete ARD P	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: RICHARD P. SIEGEL T 01/15/2008

4505 SOUTH OCEAN BLVD. UNIT 106

HIGHLAND BEACH, FL 33487

Address:

City-St-Zip: