

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011265

FILED
Feb 14, 2008
Secretary of State

Entity Name: FRIENDS OF MADAGASCAR, INC.

Current Principal Place of Business:

11701 ORANGE DRIVE
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

11701 ORANGE DRIVE
DAVIE, FL 33330

New Mailing Address:

FEI Number: 20-4178567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALASKY, PETER V
11701 ORANGE DRIVE
DAVIE, FL 33330 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: PD () Delete
Name: BALASKY, PETER V
Address: 11701 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33330

Title: D () Delete
Name: BROWN, ANDREA
Address: 972 JUDD CREEK HOLLOW
City-St-Zip: HAMILTON, MT 59840 US

Title: D () Delete
Name: MADEC, CATHERINE L
Address: 24 CATHEDRAL PL, STE 605
City-St-Zip: ST. AUGUSTINE, FL 32084

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: PETER V BALASKY

PD

02/14/2008

Electronic Signature of Signing Officer or Director

Date