2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 14, 2006 8:00 am Secretary of State

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DOCUMENT # N05000011893 1. Entity Name FRIENDS OF THE MOUND HOUSE, INC.					02-14-2006 90004 039 ****61.25					
Principal Plac 2449 FIRST FORT MYERS	STREET	Mailing Address 2449 FIRST STREET FORT MYERS, FL 33901			60015312					
2. Principal P 250	Place of Business Raddy harde.	3. Mailing Address P. U. 17 SX /54		_						
Suite, Apt. #, stc. For + mars 13cuch		Suite, Apt. #, etc. FIRST MYERS 13EAC L		4	01172006 C	hg-NP	CR2E03	7 (11/05)		
City & Stat	e 0	City & State			FEI Number	5 44 25	-0	J	plied For Applicable	
Zip 334.	Country LTE	3373/	Country LCC	, 5	. Certificate of Si		;	\$8.75 Addi	tional	
<u> </u>	6. Name and Address of Current F	Registered Agent			. Name and Add	ress of New Re	nistered A	krien*		
GRACE, WILLIAM H				Name						
2449 FIRST STREET FORT MYERS, FL 33901				Street Address (P.O. Box Number is Not Acceptable)						
}	,		City							
					 	····	FL	Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign For Trust Fund Contribut				\$5.00 May Be Make check payable to Added to Fees Florida Department of State						
10.	OFFICERS AND DIR	ECTORS	11,	ADI	DITIONS/CHANC	ES TO OFFICER	RS AND DIF	RECTORS IN	10	
TITLE	D ,4	☐ Delete	TITLE	ρ	 :			Change	Addition	
NAME STREET ADDRESS	GRACE, WILLIAM H		NAME Street Address	134	bare Hil	1				
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY+S1-ZIP		MARTIN	139	31			
TITLE NAME	D GRACE, SUSAN H	Delete	TITLE NAME	15+ U	•	c .		hange	Addition	
STREET ADDRESS	1326 MELALEUCA LANE		STREET ADDRESS	13 E 11	2 Davis -	م جو جو جو م س				
CITY-ST-ZIP	FORT MYERS, FL 33901	☐ Detete	CITY+ST-ZIP TITLE	2.4	nb	3393	<u> </u>	Change	Addition	
RAME	STRAUSS, LAURA A	00.66 6	NAME	ROX	canne Sa	J-1		Cap on any		
STREET ADDRESS	60 CARDINAK DRIVE NORTH FORT MYERS, FL 3391	7	STREET ADDRESS CITY-ST-ZIP	213	121 Ma	d era R 339	ر ایما			
TITLE		☐ Delete	TITLE	Corre	a numet:	<u> </u>		Change	Addition	
NAME STREET ADDRESS			NAME Street address	AI	ice Pla	intie.				
CITY-ST-ZIP			CITY-ST-ZIP		= 10 13	3	3981			
T/TLE NAME		☐ Delete	TITLE NAME	Reco	ille S W	445		☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS		FO Ester		• • • •			
CITY-ST-ZIP		Delete	CITY-SI-ZIP	 _	PMB-		13931	Change	Ludition	
NAME		ب مورورو	NAME		el Hrohe					
STREET ADORESS CITY- ST-ZIP		•	STREET ADDRESS GITY-ST-ZIP	270	Rendy	Lu æ 3 /) *	. 41			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Feb. 42006 Jawas C, SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR