2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# N06000001947

Entity Name: FRIENDS OF THE FLEET AND FAMILY SUPPORT CENTER, INCORPORATED

Current Principal Place of Business:

C/O COMMANDER NAVY REGION SOUTHEAST
LANGLEY STREET, BLDG 919, NAS, JACKSONVILL
JACKSONVILLE, FL 322120102

New Principal Place of Business:

Current Mailing Address:

C/O COMMANDER NAVY REGION SOUTHEAST
LANGLEY STREET, BLDG 919, NAS, JACKSONVILL
JACKSONVILLE, FL 322120102

New Mailing Address:

FEI Number: 22-3921934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUVALL, JOHN E ESQUIRE
225 WATER STREET SUITE 710
JACKSONVILLE, FL 32202 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: D ( ) Delete
Name: BURKARD, HENRY
Address: 312 BAY POINT WAY SOUTH
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete
Name: JONES, SANDRA
Address: 579 WILLOW OAK LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: MUNOZ, YOLANDO
Address: 1956 DELRAY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: O'NEAL, OLIVIA
Address: 5764 HURDIA ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: PARKER, DIANNE E
Address: 942 CRESSWELL LANE WEST
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete
Name: PENA, IRMA G
Address: 7336 GREY FOX LANE
City-St-Zip: JACKSONVILLE, FL 32244

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:

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 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: DIANNE E. PARKER D 03/27/2007

Electronic Signature of Signing Officer or Director — Date