


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N06000003441</b> 1. Entity Name FRIENDS OF FERNDAL, INC.	
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Principal Place of Business 15303 FERNDAL COMMUNITY RD FERNDAL, FL 34729	Mailing Address PO BOX 21 FERNDAL, FL 34729
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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0561237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATTS, SHERRY  
15621 HICKORY LN  
FERNDAL, FL 34729

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000800779 01/31/08-80030-023 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, EDWIN JR PO BOX 179 FERNDAL, FL 34729
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRANMER, FRED PO BOX 137 FERNDAL, FL 34729
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BATTS, SHERRY PO BOX 175 FERNDAL, FL 34729
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, JACQUELINE C PO BOX 175 FERNDAL, FL 34729
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: Sherry Batts Secretary 1/23/08 407-469-2278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #