

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005149

FILED
May 03, 2008
Secretary of State

Entity Name: FRIENDS ACROSS THE WATER, INC.

Current Principal Place of Business:

1700 N. MONROE ST., SUITE 11-247
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1700 N. MONROE ST., SUITE 11-247
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 20-4892879 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANGELA MOSS POOLE, LLC
130 SALEM COURT
TALLAHASSEE, FL 32301 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: P () Delete
Name: ROSS, ROBERT H
Address: 1700 NORTH MONROE #11-247
City-St-Zip: TALLAHASSEE, FL 32303

Title: ST () Delete
Name: BEFELD, BOB
Address: 740 MOCKINGBIRD LANE
City-St-Zip: PLANTATION, FL 33324

Title: V () Delete
Name: REARDON, MICHAEL
Address: 3120 SW 23RD COURT
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: CHAMBERLAIN, DONALD
Address: 9656 NW 7TH CIRCLE #1828
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: SPICKER, MARK
Address: 8440 NW 24TH STREET
City-St-Zip: SUNRISE, FL 33322

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:

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: ROBERT H ROSS

P

05/03/2008

Electronic Signature of Signing Officer or Director

Date