

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005681

FILED  
Aug 06, 2012  
Secretary of State

**Entity Name:** THE FRIENDS OF HENDRICKS, INC

**Current Principal Place of Business:**

3400 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

3400 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

**New Mailing Address:**

4446 1/2 IA HENDRICKS AVE.  
JACKSONVILLE, FL 32207

**FEI Number:** 20-4931978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACLEAN, MARK B  
2033 FLESHER AVENUE  
JACKSONVILLE, FL 32207 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  
**Name:** DAVIS, JANE COURTNEY  
**Address:** 4285 GREAT OAKS LANE  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** S  
**Name:** FERGUSON, LAURA  
**Address:** 1423 SAN AMARO RD  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** T  
**Name:** BOGAN, TAMARA  
**Address:** 3921 ALHAMBRA DRIVE, W  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** VP  
**Name:** SHAKIB, JOY  
**Address:** 1422 LAKEWOOD ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** DIR  
**Name:** TOWLER, JAMES W JR  
**Address:** 3400 HENDRICKS AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** DIR  
**Name:** MACLEAN, MARK B  
**Address:** 2033 FLESHER AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

**SIGNATURE:** MARK B. MACLEAN

DIR

08/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date