2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006963

Entity Name: FRIENDS OF WILD IRIS, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 802 W UNIVERSITY AVE. GAINESVILLE, FL 32601 **Current Mailing Address: New Mailing Address:** 802 W UNIVERSITY AVE GAINESVILLE, FL 32601 FEI Number: 20-5124706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRAUTH, CHERYL D 3847 NW 32ND PLACE GAINESVILLE, FL 32606 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition KRAUTH, CHERYL D Name: Name: Address: Address: 3847 NW 32ND PLACE City-St-Zip: City-St-Zip: GAINESVILLE, FL 32606 Title: Title: SEC () Change (X) Addition () Delete Name: Name: PEARL, JENNIFER Address: Address: 5911 NW 28TH TERR City-St-Zip: City-St-Zip: GAINESVILLE, FL 32653 Title: () Delete Title: **TRES** () Change (X) Addition UNDERBERGER, MINDY Name: Name: Address: Address: 3111 NW 68TH AVENUE City-St-Zip: City-St-Zip: GAINESVILLE, FL 32653 Title: () Delete Title: BD () Change (X) Addition Name: Name: TRAVIS, TRYSH Address: Address: 319 NE 6TH AVE City-St-Zip: City-St-Zip: GAINESVILLE, FL 32601 Title: () Delete Title: BD () Change (X) Addition SOMMER, ELLIE Name: Name: 2210 SE 27TH ST. Address: Address: City-St-Zip: City-St-Zip: GAINESVILLE, FL 32641 Title: () Delete Title: () Change (X) Addition HIDALGO, HILDA Name: Name: Address: Address: 1146 NW 1001 DR. GAINESVILLE, FL 32605 City-St-Zip: 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: CHERYL D KRAUTH CHAI 04/26/2007