

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006963

FILED  
Jan 13, 2008  
Secretary of State

Entity Name: FRIENDS OF WILD IRIS, INC.

## Current Principal Place of Business:

802 W UNIVERSITY AVE.  
GAINESVILLE, FL 32601

## New Principal Place of Business:

## Current Mailing Address:

802 W UNIVERSITY AVE.  
GAINESVILLE, FL 32601

## New Mailing Address:

FEI Number: 20-5124706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRAUTH, CHERYL D  
3847 NW 32ND PLACE  
GAINESVILLE, FL 32606 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: CHAI ( ) Delete  
Name: KRAUTH, CHERYL D  
Address: 3847 NW 32ND PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: SEC ( ) Delete  
Name: PEARL, JENNIFER  
Address: 5911 NW 28TH TERR  
City-St-Zip: GAINESVILLE, FL 32653

Title: TRES ( ) Delete  
Name: UNDERBERGER, MINDY  
Address: 3111 NW 68TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32653

Title: BD ( ) Delete  
Name: TRAVIS, TRYSH  
Address: 319 NE 6TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: BD ( ) Delete  
Name: SOMMER, ELLIE  
Address: 2210 SE 27TH ST.  
City-St-Zip: GAINESVILLE, FL 32641

Title: BD ( ) Delete  
Name: HIDALGO, HILDA  
Address: 1146 NW 1001 DR.  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: TRAVIS, TRYSH  
Address: 319 NE 6TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

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: CHERYL D KRAUTH

CHAI

01/13/2008

Electronic Signature of Signing Officer or Director

Date