

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009914

FILED
Apr 24, 2007
Secretary of State

Entity Name: FLOR & FRIENDS FOUNDATION CORPORATION

Current Principal Place of Business:

% LAW OFFICES OF STANLEY E. POND
509 LAGOON DRIVE
SANIBEL, FL 33957

New Principal Place of Business:

13611 MCGREGOR BLVD. #8
FORT MYERS, FL 33912

Current Mailing Address:

% LAW OFFICES OF STANLEY E. POND
P.O. BOX 1076
SANIBEL, FL 339571076

New Mailing Address:

13611 MCGREGOR BLVD. #8
FORT MYERS, FL 33912

FEI Number: 14-1979623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POND, STANLEY E ESQ.
509 LAGOON DRIVE
SANIBEL, FL 33957 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: FLOR, MARCIA
Address: 13611 MCGREGOR BLVD. #8
City-St-Zip: FT. MYERS, FL 33912

Title: V () Delete
Name: FLOR, MARCELO
Address: RUA J.J. SEABRA 223, BAIXA DO SAPATEIRO
City-St-Zip: SALVADOR BAHIA BRAZIL, 40025001

Title: S () Delete
Name: DE ARAUJO, MARCOS
Address: 13611 MCGREGOR BLVD. #8
City-St-Zip: FORT MYERS, FL 33912

Title: T () Delete
Name: CRUZ, PAULLA
Address: 13611 MCGREGOR BLVD. #8
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: SANTOS, MONIQUE
Address: 13611 MCGREGOR BLVD. #8
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: ISENSEE, CARMEN
Address: 13611 MCGREGOR BLVD. #8
City-St-Zip: FORT MYERS, FL 33912

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
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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 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: MARCIA FLOR

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date