## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010431

COOK, MICHAEL R

1443 COLLINS RD

FORT MYERS, FL 33919

Name:

Address:

City-St-Zip:

FILED Apr 23, 2009 Secretary of State

Entity Na	me: FRIEND	S OF THE SEAHA	WKS, INC.				
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
2300 SANTA BARBARA BLVD CAPE CORAL, FL 33914				2300 SANTA BARBARA BLVD CAPE CORAL, FL 33991			
Current Mailing Address:				New Mailing Address:			
2300 SANTA BARBARA BLVD CAPE CORAL, FL 33914				2300 SANTA BARBARA BLVD CAPE CORAL, FL 33991			
FEI Number	:	FEI Number Appl	ied For()  FEI I	Number Not Appl	icable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	DIOLA ST 5, FL 33901	US		<b></b>		d efficiency with a decrease and a superior and a s	
	named entity e of Florida.	submits this state	ment for the purpos	e of changing i	ts registere	d office or registered agent, or both,	
SIGNATU	RE:						
Electronic Signature of Registered Agent					Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( DAVIS, LARR` 2924 GLADIO FORT MYERS	LA ST		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( WALLACE, KE 127 SE 12TH. CAPE CORAL	AVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T ( GASCON, ANI 247 SW 37TH CAPE CORAL	TER		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	S (	) Delete		Title:	S	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

COOK, MICHAEL R

1449 SAUTERN DR

FORT MYERS, FL 33919

SIGNATURE: LARRY D DAVIS P 04/23/2009