

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013009

FILED
Mar 19, 2008
Secretary of State

Entity Name: FRIENDS OF ALFREDO INC.

Current Principal Place of Business:

205 ARBORVUE TRAIL
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

205 ARBORVUE TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CROCKETT, ELOISE
205 ARBORVUE TRAIL
ORMOND BEACH, FL 32174 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: CROCKETT, ELOISE
Address: 205 ARBORVUE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: MCCONNELL, ERIN
Address: 5756 SWEETWATER BLVD
City-St-Zip: PORT ORANGE, FL 32127

Title: ST () Delete
Name: IANNARELLI, MEREDITH
Address: 5756 SWEETWATER BLVD
City-St-Zip: PORT ORANGE, FL 32127

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:

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: ELOISE CROCKETT

PRES

03/19/2008

Electronic Signature of Signing Officer or Director

Date