

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06607

FILED
Feb 22, 2008
Secretary of State

Entity Name: INTERNATIONAL FRIENDSHIP INCORPORATED

Current Principal Place of Business:

1635 NW 7TH PLACE
GAINESVILLE, FL 32604

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14054
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 59-2529808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANEW, THOMAS C JR
3711 NE 42ND LANE
OCALA, FL 34479 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: DV () Delete
Name: RANEW, THOMAS C JR.
Address: 3711 NE 42ND LANE
City-St-Zip: OCALA, FL 34479

Title: DST () Delete
Name: PARKER, DAVID
Address: 615 SE 43RD AVENUE
City-St-Zip: OCALA, FL 34471

Title: DP () Delete
Name: SORRELS, TOBY D
Address: 2056 NW 18TH LANE
City-St-Zip: GAINESVILLE, FL 32605

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: TOBY D. SORRELS

DP

02/22/2008

Electronic Signature of Signing Officer or Director

Date