Jul. 22. 2008 9:31AM

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State
08-08-2008 90015 005 ****61.25

DOCUMENT # N07000000445

1. Entity Name
"FRIENDS" RESPOND IN EVERY NEED DOING SOMETHING, INC.

Principal Place of Business	Mailing Address
610 FLORIDA BOULEVARD NEPTUNE BEACH, FL 32266	610 FLORIDA BOULEVARD NEPTUNE BEACH, FL 32266

07212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	50 N. Laura Street Suite, Apt. #, etc. Suite 2925
City & State	City & State Jacksonville, FL
Zip / Country	Zip / Country 32202 / USA

4. FEI Number 20-8273529 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRITSCH, DEBRA K 610 FLORIDA BOULEVARD NEPTUNE BEACH, FL 32266	Name: Haywood M. Ball Street Address (P.O. Box Number is Not Acceptable): Donahoo, Ball & McMenamy, P.A. 50 N. Laura St., Suite 2925 City: Jacksonville FL Zip Code: 32202

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Haywood M. Ball 7/23/08
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	DIR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCOY, JOSEPH S REV		NAME		
STREET ADDRESS	610 FLORIDA BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266		CITY-ST-ZIP		
TITLE	DIR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COLLIE, CRAIG A DR		NAME		
STREET ADDRESS	1375 ROBERTS DR., BLDG B, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	DIR	☐ Delete	TITLE	President/Director	☑ Change ☐ Addition
NAME	DEES, III, MORRIS S DR		NAME		
STREET ADDRESS	820 A1A NORTH, SUITE 202		STREET ADDRESS	1375 Roberts Drive Suite 103	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Jacksonville, Florida 32250	
TITLE	DIR	☐ Delete	TITLE	Treasurer/Director	☑ Change ☐ Addition
NAME	JENKINS, ARCHIE O		NAME		
STREET ADDRESS	174 SAN JUAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Director	☐ Change ☑ Addition
NAME			NAME	Haywood M. Ball	
STREET ADDRESS			STREET ADDRESS	50 N. Laura St., Suite 2925	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, Florida 32202	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Barnhardt Pres. 7/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR Date Daytime Phone #