2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N07000004030

Entity Name: FRIENDS OF FORTHSPRING, INC.

Current Principal Place of Business:

4851 SOUTH APOPKA VINELAND ROAD
ATTN: LYNETTE FIELDS
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

4851 SOUTH APOPKA VINELAND ROAD
ATTN: LYNETTE FIELDS
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, MICHAEL B
7601 DELLA DRIVE
SUITE 19
ORLANDO, FL 32819 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:	PD	( ) Delete
Name:	STAUFFER, SUSAN	
Address:	4851 SOUTH APOPKA VINELAND ROAD	
City-St-Zip:	ORLANDO, FL 32819 US	
Title:	SD	( ) Delete
Name:	JONES, MICHAEL B	
Address:	PO BOX 1054	
City-St-Zip:	WINDERMERE, FL 34786 US	
Title:	D	( ) Delete
Name:	LAMOREAUX, WENDY	
Address:	928 GRAND CAYMAN COURT	
City-St-Zip:	ORLANDO, FL 32835 US	
Title:	D	( ) Delete
Name:	SLONE, JOHN P	
Address:	4851 SOUTH APOPKA VINELAND ROAD	
City-St-Zip:	ORLANDO, FL 32819 US	
Title:	D	( ) Delete
Name:	FIELDS, LYNETTE	
Address:	4851 SOUTH APOPKA VINELAND ROAD	
City-St-Zip:	ORLANDO, FL 32819	

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
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: MICHAEL B. JONES SD 05/05/2009
Electronic Signature of Signing Officer or Director — Date