2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004360

Title:

Name:

Address:

City-St-Zip:

FILED Apr 24, 2009 Secretary of State

Entity Nam	ne: FRIENDSHI	P ACADEMY, INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
	H CHARLES STI BEACH, FL 321				
Current Mailing Address:		New Mailing Address:			
	H CHARLES STI BEACH, FL 321				
FEI Number:	59-3504271	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
539 GEORG	S, ROMANGER GE W. ENGRAM BEACH, FL 321	1 BOULEVARD			
The above in the State		omits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
	of Florida.	omits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
in the State	of Florida. E:	omits this statement for the		d office or registered agent, or both, Date	
in the State SIGNATUR	of Florida. E:	Signature of Registered Ac	gent		
in the State SIGNATUR	of Florida. E: Electronic	Signature of Registered Acons. PRS: Plete VE	gent	Date	
in the State SIGNATUR OFFICERS Title: Name: Address:	of Florida. E: Electronic AND DIRECTO PRES () De DURHAM, L. R 110 ALEATHA DRI	Signature of Registered Acords: elete VE , FL 32114 US elete CHARGE COURT	gent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:	
in the State SIGNATUR OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic AND DIRECTO PRES () De DURHAM, L. R 110 ALEATHA DRI DAYTONA BEACH VP () De BATES, BETTYE DE 1701 NORTH GER	Signature of Registered Agores: elete VE	gent ADDITIONS/CHANGI Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS: () 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DR. L RONALD DURHAM **PRES** 04/24/2009

() Delete

SMITH, JAMES A

1332 GINSBERG DRIVE

HOLLY HILL, FL 32117 US

() Change () Addition