

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011146

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** THE STATE OF FLORIDA OMEGA FRIENDSHIP FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

240 N MAGNOLIA DR  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

240 N MAGNOLIA DR  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 80-0314764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUMP, BENJAMIN  
240 N MAGNOLIA DR  
TALLAHASSEE, FL 32301 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  
Name: GRACE, GEORGE  
Address: 240 N MAGNOLIA DR  
City-St-Zip: TALLAHASSEE, FL 32301

Title: V  
Name: MILLER, DORSEY  
Address: 240 N MAGNOLIA DR  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T  
Name: CRUMP, BENJAMIN  
Address: 240 N MAGNOLIA DR  
City-St-Zip: TALLAHASSEE, FL 32301

Title: KRS  
Name: MATHIS, EDGAR  
Address: 240 N MAGNOLIA DR  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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 all other like empowered.

SIGNATURE: BENJAMIN CRUMP

TRS

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date