

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006334

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** FRIENDS OF RECOVERY, INC.

**Current Principal Place of Business:**

435 SE FLAGLER AVE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

435 SE FLAGLER AVE  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 27-0228009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, DIANE  
435 SE FLAGLER AVE  
STUART, FL 34994 US

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

COCOVES, ANITA  
435 SE FLAGLER AVE  
STUART, FL 34994 US

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:** ANITA COCOVES

04/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COCOVES, ANITA  
**Address:** 435 SE FLAGLER AVE  
**City-St-Zip:** STUART, FL 34994

**Title:** VP  
**Name:** WHITE, DIANE  
**Address:** 435 SE FLAGLER AVE  
**City-St-Zip:** STUART, FL 34994

**Title:** TREA  
**Name:** ROEBUCK, PAMELA  
**Address:** 435 S.E. FLAGLER AVENUE  
**City-St-Zip:** STUART, FL 34994 US

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:** ANITA COCOVES

PRES

04/01/2010

Electronic Signature of Signing Officer or Director

Date