

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007363

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** CIRCLE OF FRIENDS INTERNATIONAL, INC.

**Current Principal Place of Business:**

1032 CENTER STONE LANE  
RIVIERA BEACH, FL 33404 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 31901  
PALM BEACH GARDENS, FL 33420 US

**New Mailing Address:**

**FEI Number:** 38-3818944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KNOWLES, MALACHI  
1032 CENTER STONE LANE  
RIVIERA BEACH, FL 33404 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:** HAMMOND, HELEN E  
**Address:** 1026 CENTER STONE LANE  
**City-St-Zip:** RIVIERA BEACH, FL 33404 US

**Title:** V  
**Name:** KNOWLES, MALACHI  
**Address:** 1032 CENTER STONE LANE  
**City-St-Zip:** RIVIERA BEACH, FL 33404 US

**Title:** S  
**Name:** HAMMOND, SETH A  
**Address:** 1026 CENTER STONE LANE  
**City-St-Zip:** RIVIERA BEACH, FL 33404 US

**Title:** T  
**Name:** KNOWLES, ESMERALDA H  
**Address:** 1032 CENTER STONE LANE  
**City-St-Zip:** RIVIERA BEACH, FL 33404 US

**Title:** G  
**Name:** SYLVESTRE, MARIE  
**Address:** 1015 CENTER STONE LANE  
**City-St-Zip:** RIVIERA BEACH, FL 33404 US

**Title:** CEO  
**Name:** KNOWLES, MALACHI  
**Address:** PO BOX 31901  
**City-St-Zip:** PALM BEACH GARDENS, FL 33420 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:** MALACHI KNOWLES

VP

04/13/2011

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

\_\_\_\_\_  
Date