

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21414

FILED
Apr 22, 2005
Secretary of State

Entity Name: FRIENDS OF THE CRISIS CENTER, INC.

Current Principal Place of Business:

2724 SW 14TH DRIVE
GAINESVILLE, FL 326082053 US

New Principal Place of Business:

Current Mailing Address:

2724 SW 14TH DRIVE
GAINESVILLE, FL 326082053

New Mailing Address:

FEI Number: 59-2816423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACDAID, GERALD P
2724 SW 14TH DRIVE
GAINESVILLE, FL 326082053 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: D () Delete
Name: COFRIN, GLADYS
Address: 2735 N.W. 21ST STEET
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: HOWARD, JOHN
Address: 3906 S.W. 15TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: SD () Delete
Name: GREEN, LINDA
Address: 8511 NW 35TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: FINFROCK, SUSIE
Address: 867 NE 7TH PLACE
City-St-Zip: GAINESVILLE, FL 32601

Title: CD () Delete
Name: MACDAID, GERALD P
Address: 2724 SW 14TH DRIVE
City-St-Zip: GAINESVILLE, FL 326082053

Title: VD () Delete
Name: BRANT, BILL
Address: 6115 SW 137TH AVENUE
City-St-Zip: GAINESVILLE, FL 32618

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN HOWARD

TD

04/22/2005

Electronic Signature of Signing Officer or Director

Date