2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21414

FILED Aug 23, 2008 Secretary of State

Entity Name: FRIENDS OF THE CRISIS CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 8511 NW 35TH LANE GAINESVILLE, FL 32606 US **Current Mailing Address: New Mailing Address:** 8511 NW 35TH LANE GAINESVILLE, FL 32606 FEI Number: 59-2816423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREEN, LINDA G 8511 NW 35TH LANE GAINESVILLE, FL 32606 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SUSIE. FINFROCK MACDAID, GERRY Name: Name: 7732 SW 52ND PL Address: 2724 SW 14TH DRIVE Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 326082053 Title: () Delete Title: () Change () Addition MILLER, SHARON Name: Name: Address: 2910 NW 30TH TER Address: City-St-Zip: GAINEVILLE, FL 32605 City-St-Zip: Title: () Delete Title: () Change () Addition GREEN, LINDA Name: Name: 8511 NW 35TH LANE Address: Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: COFRIN, GLADYS Name: SUSIE, FINFROCK 2615 NW 22ND DRIVE 7732 SW 52ND PL Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32608 Title: CD (X) Delete Title: () Change () Addition MACDAID, GERALD P Name: Name: 2724 SW 14TH DRIVE Address: Address: City-St-Zip: GAINESVILLE, FL 326082053 City-St-Zip: Title: (X) Delete Title: () Change () Addition BRANT, BILL Name: Name: Address: 13129 SW 1ST PLACE Address: NEWBERRY, FL 32669 City-St-Zip: City-St-Zip:

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.

SIGNATURE: LINDA G. GREEN SD 08/23/2008