2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21414

FILED Apr 11, 2009 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 218 SE 24TH STREET

GAINESVILLE, FL 32606 US GAINESVILLE, FL 32641 US

Current Mailing Address: New Mailing Address:

8511 NW 35TH LANE P.O. BOX 357284

GAINESVILLE, FL 32606 GAINESVILLE, FL 32635

FEI Number: 59-2816423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

 Title:
 D
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 MACDAID, GERRY
 Name:
 FINFROCK, SUSIE

 Address:
 2724 SW 14TH DRIVE
 Address:
 7732 SW 52ND PL

City-St-Zip: GAINESVILLE, FL 326082053 City-St-Zip: GAINESVILLE, FL 32608

Title: () Delete Title: (X) Change () Addition LAWSON, DONNA Name: MILLER, SHARON Name: Address: 2910 NW 30TH TER Address: P.O. BOX 140009 City-St-Zip: GAINEVILLE, FL 32605 City-St-Zip: GAINEVILLE, FL 32614

Title: SD () Delete Title: S (X) Change () Addition

 Name:
 GREEN, LINDA
 Name:
 GREEN, LINDA

 Address:
 8511 NW 35TH LANE
 Address:
 8511 NW 35TH LANE

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 GAINESVILLE, FL 32606

Title: VD (X) Delete Title: () Change () Addition

 Name:
 SUSIE, FINFROCK
 Name:

 Address:
 7732 SW 52ND PL
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32608
 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 S 04/11/2009