2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006
Secretary of State

DOCUMENT# N22407

Entity Name: FRIENDS OF THE DISABLED, INC.

Current Principal Place of Business:

4112 HIGHLAND BLVD.
PACE, FL 32571 US

New Principal Place of Business:

5612 N. PALAFOX ST.
PENSACOLA, FL 32503 US

Current Mailing Address:

4112 HIGHLAND BLVD.
PACE, FL 32571 US

New Mailing Address:

7535 SOUTHPOINTE PL.
PENSACOLA, FL 32503 US

FEI Number: 63-0852361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

VINCENT, PAUL C.
4112 HIGHLAND BLVD.
PACE, FL 32571 US

Name and Address of New Registered Agent:

VINCENT, PAUL C.
7535 SOUTHPOINTE PL.
PENSACOLA, FL 32514 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: _____ 06/06/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ED ( ) Delete
Name: VINCENT, PAUL C.,
Address: 4112 HIGHLAND BLVD.
City-St-Zip: PACE, FL 32571 US

Title: FD ( ) Delete
Name: TUCKER, RON,
Address: 5852 PARSON ROAD
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: VINCENT, JEAN
Address: 1062 WOODSIDE DR
City-St-Zip: MOBILE, AL 36608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: FD (X) Change ( ) Addition
Name: DOUGLASS R. C.,
Address: 7535 SOUTHPOINTE PL.
City-St-Zip: PENSACOLA, FL 32514

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 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: PAUL C. VINCENT ED 06/06/2006
Electronic Signature of Signing Officer or Director — Date