


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90023 033 \*\*\*\*61.25

DOCUMENT # N41232	
1. Entity Name FRIENDS OF "SEAGATE" INC.	

Principal Place of Business 653 SOUTH ORANGE AVENUE P O BOX 2340 SARASOTA, FL 34230-2340 US	Mailing Address PO BOX 2340 SARASOTA, FL 34230-2340 US
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DO NOT WRITE IN THIS SPACE

01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0212312	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GRIMES, CALEB J 1023 MANATEE AVENUE WEST BRADENTON, FL 34205	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC BENZ, KAFI 13084 AIRGATE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DELOACH, R 428 EDWARDS DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULDOWNNEY, LORRIE 428 EDWARDS DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_