## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2005 8:00 am Secretary of State

Pinning Place of Business   Address   Address   Address   Age   Address   Age   Address   Age   Address   Age   Age   Address   Age   Ag	DOCUMENT # N9300002224  1. Entity Name FRIENDS OF STOCKTON, INC.				04-15-2005 90108 020 ****70.00	
Sultio, Apt. 4, etc.   Sultio, Apt. 4, etc.   Sultio, Apt. 4, etc.   City & State   City & State   4, FEI Number   59-31 19993   Sultion   Applicable   For Position   Positio	4827 CARLISLE RD 482		4827 CARLISLE RD	)	20034581	
Cay & State	2. Principal Place of Business 3.		3. Mailing Address		F INDINIAL PAR INSORTHING BRAIN BRAI	
Signature	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122005 Chg-NP CR2E037 (10/03)	
S. Certificate of Satura Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named endy 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.  8. The above named endy 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.  8. The above named endy submits this statement for the purpose of changing its registered Agent agents rewards when nortating  8. The above named endy submits this statement for the purpose of changing its registered Agent agents rewards when nortating  9. Election Changing in Financing  10.	City & Stat	e į	City & State		E0 3400003	
Name	Zip	Country	Zip	Country		
FILE 2D   Change   Please   Set 1.25   Change   Provided Not		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
B. The above named entity submits his 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 observations of registered agent.  SIGNATURE    Signature_riced or present mine of registered agent and life if applicable.	PIERCE, EARLE F 8754 BARCO LANE Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE    Filing Fee Is S61.25   9. Election Campaign Financing   Addition Size Florida Department of trace   Policy   Addition   Policy   Polic				City	FL Zip Code	
Filling Fee Is \$61.25   Trust Fund Commonling   S5.00 May Be Added to Fees   Make check payable to Florida Department of State			r the purpose of changing its re-	gistered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept	
Filing Fee is \$61.25   Specific Campaign Financing   St. OM May Be Added to Fee   Payable to Trust Fund Contribution.   State   State	SIGNATURE .		······	sgistered Agent signatur	re required when reinstating) DATE	
TITLE NAME NAME STREET ADDRESS CITY-ST-2P JACKSONVILLE, FL 32210  TITLE NAME TOTU-ST-2P JACKSONVILLE, FL 32210  TITLE NAME STREET ADDRESS CITY-ST-2P JACKSONVILLE, FL 32210  TITLE NAME LYNCH, ROBERT 4704 ALGONQUIN AVENUE CITY-ST-2P JACKSONVILLE, FL 32210  TITLE NAME LYNCH, THOMAS 4372 ROMA BLVD. CITY-ST-2P JACKSONVILLE, FL 32210  TITLE NAME LYNCH, THOMAS STREET ADDRESS CITY-ST-2P JACKSONVILLE, FL 32210  TITLE NAME LYNCH, THOMAS STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY	-	_	9 Election Campa			
NAME SIREET ADDRESS CITY-ST-ZIP TITLE TITL	10.	,	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE PD LYNCH, THOMAS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	WILLIAM, HERMAN 4648 AVON LAND	☐ Delete	NAME STREET ADDRESS	•	
NAME LYNCH, THOMAS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	LYNCH, ROBERT 4704 ALGONQUIN AVENUE	☐ Delete	NAME STREET ADORESS	☐ Change ☐ Addition	
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	LYNCH, THOMAS 4372 ROMA BLVD.	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition	
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NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition	
L. L. Luereny centry that the information supplied with this tend noes not duality for the exemption stated in Section 110 07/200. Monda Statetoe, Thirthey continues that the information			□ Defete	TITLE		

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.