

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002224

FILED  
Mar 30, 2006  
Secretary of State

Entity Name: FRIENDS OF STOCKTON, INC.

## Current Principal Place of Business:

4827 CARLISLE RD  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

## Current Mailing Address:

4827 CARLISLE RD  
JACKSONVILLE, FL 32210

## New Mailing Address:

FEI Number: 59-3199993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PIERCE, EARLE F  
8754 BARCO LANE  
JACKSONVILLE, FL 32244 US

## Name and Address of New Registered Agent:

LYNCH, ROBERT P  
4704 ALGONQUIN AVENUE  
JACKSONVILLE, FL 32210 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: ROBERT P. LYNCH

03/30/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: WILLIAM, HERMAN  
Address: 4648 AVON LN  
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD ( ) Delete  
Name: LYNCH, ROBERT  
Address: 4704 ALGONQUIN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD ( ) Delete  
Name: LYNCH, THOMAS  
Address: 4372 ROMA BLVD.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD ( ) Delete  
Name: PIERCE, EARLE F  
Address: 8754 BARCO LANE  
City-St-Zip: JACKSONVILLE, FL 32244

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MORALES, ROBERT  
Address: 4602 LANCELOT LANE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: P (X) Change ( ) Addition  
Name: COUVILLON, WARREN  
Address: 4935 ARAPAHOE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S (X) Change ( ) Addition  
Name: CHRISTOPHER, JEFF  
Address: 4321 SHERWOOD ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T (X) Change ( ) Addition  
Name: COOP, GREGORY  
Address: 8091 DONEGAL LANE  
City-St-Zip: JACKSONVILLE, FL 32244

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: ROBERT P. LYNCH

D

03/30/2006

Electronic Signature of Signing Officer or Director

Date