2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007
Secretary of State

DOCUMENT# N93000002224

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 ( )**
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:

LYNCH, ROBERT P
4704 ALGONQUIN AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: ROBERT P. LYNCH D 07/16/2007
Electronic Signature of Signing Officer or Director — Date