


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000002503	
1. Entity Name FRIENDS OF NEFSH, INC.	

Principal Place of Business 7487 S STATE RD. 121 MACCLENNY, FL 32063 US	Mailing Address 7487 S STATE RD. 121 MACCLENNY, FL 32063 US
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

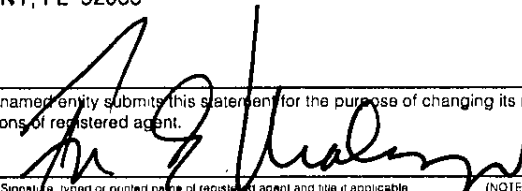


01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3016982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MALONEY, FRANK E JR 445 E MACCLENNY AVENUE MACCLENNY, FL 32063

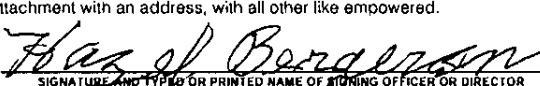
DO NOT WRITE
IN THIS SPACE

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  <small>i. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE Dec 29, 2008

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000878004 04/14/08 30039 001 61.25
-----------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROPER, ELAINE 2121 BURWICK RD. APT. 2106 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARDS, MARIA HUFF 20802 NE 132 AVE WALDO, FL 32694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUDELO, ELLEN 586 N WICKHAM #57 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERGERON, HAZEL 1072 MADRID RD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNN, DEBBIE 40 OGDEN DR ROCKLEDGE, FL 32955
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 2/23/08 <small>Daytime Phone #</small>