

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002503

FILED
Mar 19, 2009
Secretary of State

Entity Name: FRIENDS OF NEFSH, INC.

Current Principal Place of Business:

7487 S STATE RD. 121
MACCLENNY, FL 32063 US

New Principal Place of Business:

Current Mailing Address:

7487 S STATE RD. 121
MACCLENNY, FL 32063 US

New Mailing Address:

FEI Number: 59-3016982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, FRANK E JR
445 E MACCLENNY AVENUE
MACCLENNY, FL 32063 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: VPD () Delete
Name: ROPER, ELAINE
Address: 2121 BURWICK RD. APT. 2106
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: EDWARDS, MARIA HUFF
Address: 20802 NE 132 AVE
City-St-Zip: WALDO, FL 32694

Title: SD () Delete
Name: AUDELO, ELLEN
Address: 586 N WICKHAM #57
City-St-Zip: MELBOURNE, FL 32935

Title: P () Delete
Name: BERGERON, HAZEL
Address: 1072 MADRID RD
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: DUNN, DEBBIE
Address: 40 OGDEN DR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ROPER, ELAINE
Address: 2121 BURWICK RD. APT. 2106
City-St-Zip: ORANGE PARK, FL 32073

Title: VP (X) Change () Addition
Name: BERGERON, HAZEL
Address: 1072 MADRID RD
City-St-Zip: ROCKLEDGE, FL 32955

Title: S (X) Change () Addition
Name: AUDELO, ELLEN
Address: 586 N WICKHAM #57
City-St-Zip: MELBOURNE, FL 32935

Title: P (X) Change () Addition
Name: EDWARDS, MARIA HUFF
Address: 20802 NE 132 AVE
City-St-Zip: WALDO, FL 32694

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: MARIA HUFF-EDWARDS

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date