

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90293 011 ****61.25

DOCUMENT # N93000005497

1. Entity Name
THE UNCOMMON FRIENDS FOUNDATION, INC.



Principal Place of Business
**2120 MAIN STREET
SUITE 200
FT MYERS, FL 33902 US**

Mailing Address
**PO BOX 811
FT MYERS, FL 33902 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0490124

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTH, ARLENE
2617 NIGHTSHADE LANE
FORT MYERS, FL 33905**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Arlene J. Roth

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/7/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **HUMPHREY, NANCY**
STREET ADDRESS **1657 MENLO RD**
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **VP** ☒ Delete
NAME **SANDERS, SUSAN**
STREET ADDRESS **16000 CHAMBERLIN PKWY, SUITE 86**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE **PP** ☐ Delete
NAME **WHITLEY, STEVEN R**
STREET ADDRESS **2075 WEST FIRST ST.**
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **T** ☐ Delete
NAME **D'ALESSANDRO, LESLIE**
STREET ADDRESS **2075 W. FIRST STREET, #300**
CITY-ST-ZIP **FT. MYER, FL 33902**

TITLE **D** ☐ Delete
NAME **ALBION, JOHN**
STREET ADDRESS **POST OFFICE BOX 398**
CITY-ST-ZIP **FORT MYERS, FL 33902**

TITLE **P** ☐ Delete
NAME **HOOLIHAN, TOM**
STREET ADDRESS **8001 VINTAGE PKWY**
CITY-ST-ZIP **FORT MYERS, FL 33912**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **see attached**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Tammy Surratt**
STREET ADDRESS **12830 University Dr.**
CITY-ST-ZIP **Ft. Myers, FL 33907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John E. Albion

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

(239) 335-2225

Daytime Phone #

ATTACHMENT

60028316
#N93000005497

Officers

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