

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001204

FILED
May 02, 2007
Secretary of State

Entity Name: FRIENDS OF THE STYLEMARCHERS, INC.

Current Principal Place of Business:

1104 EGLIN PKWY
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

1104 EGLIN PKWY
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-3317261 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:

Name and Address of New Registered Agent:

FLEET, H. BART
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR, FL 325790000 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HYDER, JEFFREY L
Address: 236 YACHT CLUB DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

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

Title: TD (X) Delete
Name: PATRICK, JEFFERY C.
Address: 200 DEVON COURT
City-St-Zip: FORT WALTON BEACH, FL 32547

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

Title: D () Delete
Name: NELSON, RANDALL C
Address: 225 THOMAS COURT NW
City-St-Zip: FORT WALTON BEACH, FL 32548

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

Title: D () Delete
Name: HANNAH, CHAD
Address: 110 RACETRACK ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

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

Title: D () Delete
Name: MASSARELLI, CINDY
Address: 110 RACETRACK ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

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

Title: VD () Delete
Name: MCBROOM, WILLIAM W
Address: 11 MAGNOLIA AVENUE
City-St-Zip: SHALIMAR, FL 32579

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: JEFFREY L. HYDER

PD

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date