

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003812

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: TFT FRIENDS, INC.

## Current Principal Place of Business:

3485 HYDE PARK WAY  
TALLAHASSEE, FL 32209

## New Principal Place of Business:

## Current Mailing Address:

3485 HYDE PARKWAY  
TALLAHASSEE, FL 32209

## New Mailing Address:

FEI Number: 59-3328863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOOPER, HARRY L  
3485 HYDE PARKWAY  
TALLAHASSEE, FL 32209 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: PD ( ) Delete  
Name: HOOPER, HARRY L  
Address: 3485 HYDE PARK WAY  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete  
Name: STRIGHT, LISA M  
Address: 2312-A BRYNMAHR DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: CARLISLE, TIM  
Address: 5785 COUNTRYSIDE DR  
City-St-Zip: TALLAHASSEE, FL 32317

Title: STD ( ) Delete  
Name: SHULTZ, CAROL S  
Address: RT 3 BOX 578  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD ( ) Delete  
Name: RUMPH, STEVE  
Address: 206 E. RYAN ROAD  
City-St-Zip: HAVANA, FL 32333

## 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: STD (X) Change ( ) Addition  
Name: SCHULTZ, CAROL S  
Address: 3615 KILLARNEY PLAZA CT.  
City-St-Zip: TALLAHASSEE, FL 32309

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HARRY L. HOOPER

PD

01/11/2006

Electronic Signature of Signing Officer or Director

Date