

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003812

FILED
Jan 23, 2009
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:

3615 KILLARNEY PLAZA COURT
TALLAHASSEE, FL 32309

Current Mailing Address:

3485 HYDE PARKWAY
TALLAHASSEE, FL 32209

New Mailing Address:

3615 KILLARNEY PLAZA COURT
TALLAHASSEE, FL 32309

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:

SCHULTZ, SUE
3615 KILLARNEY PLAZA COURT
TALLAHASSEE, FL 32309 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: SUE SCHULTZ

01/23/2009

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 BRYN MAHR 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: SCHULTZ, CAROL S
Address: 3615 KILLARNEY PLAZA CT.
City-St-Zip: TALLAHASSEE, FL 32309

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARLISLE, TIM
Address: 5785 COUNTRYSIDE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

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

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

Title: TD (X) Change () Addition
Name: SCHULTZ, SUE
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 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: SUE SCHULTZ

TD

01/23/2009

Electronic Signature of Signing Officer or Director

Date