

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90016 039 \*\*\*\*61.25

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<b>DOCUMENT # N95000005085</b>	
1. Entity Name <b>THE FRIENDSHIP FORCE OF SARASOTA, FLORIDA, INC.</b>	



Principal Place of Business <b>4427 OPAL CT SARASOTA, FL 34233</b>	Mailing Address <b>4427 OPAL CT SARASOTA, FL 34233</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PETERSON, WAYNE R 4427 OPAL CT SARASOTA, FL 34233</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREY, BONNIE</b>	NAME	
STREET ADDRESS	<b>2411 BRITANNIA ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MC GEE, RAMONA</b>	NAME	
STREET ADDRESS	<b>5316 DOMINICA CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34235</b>	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WANLESS, LEAF</b>	NAME	<b>JABAS, JAY</b>
STREET ADDRESS	<b>4918 PRIMROSE PATH</b>	STREET ADDRESS	<b>6001 CEDARWOOD LANE</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34242</b>	CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODWIN, KATY</b>	NAME	<b>SPATARO, JEAN</b>
STREET ADDRESS	<b>3725 COUNTRYSIDE ROAD</b>	STREET ADDRESS	<b>609 SOUTH ARMOA ROAD</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34233</b>	CITY-ST-ZIP	<b>VENICE, FL 34284</b>
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERSON, WAYNE</b>	NAME	
STREET ADDRESS	<b>4427 OPAL COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34233</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURST, ANN</b>	NAME	
STREET ADDRESS	<b>7157 FORTY SECOND COURT EAST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34243</b>	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:** Wayne R. Peterson **Wayne R. Peterson** 1/09/06 941925-3755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #