


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90063 021 ****61.25

DOCUMENT # N96000005503 1. Entity Name FRIENDS OF DUDLEY FARM, INC.					
Principal Place of Business 306 NW 180TH STREET NEWBERRY, FL 32669			Mailing Address 306 NW 180TH STREET NEWBERRY, FL 32669		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3470681	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCINTOSH, NANCY 306 NW 180TH STREET NEWBERRY, FL 32669			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, DON L		NAME	Jim Dresser	
STREET ADDRESS	3509 NW 53RD TERRACE		STREET ADDRESS	24026 NW 126th Lane	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	High Springs FL 32643	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCINTOSH, NANCY J		NAME		
STREET ADDRESS	306 NW 180TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNK, BILL		NAME		
STREET ADDRESS	14125 NW 15TH LANE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORNER, VADA		NAME	Mary Ann Hinely	
STREET ADDRESS	10415 W ST ROAD 235		STREET ADDRESS	105 SW Truffles Glen	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	Lake City, FL 32024	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAIR, ANNE		NAME		
STREET ADDRESS	21105 NW 46TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Nancy J. McIntosh</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/16/06 <small>Date</small>		352.492.6869 <small>Daytime Phone #</small>
<i>Nancy J. McIntosh</i>					