

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003464

FILED  
May 13, 2009  
Secretary of State

Entity Name: FRIENDS OF AFTER SCHOOL ASSISTANCE PROGRAM, INC.

**Current Principal Place of Business:**

726 E 14TH CT  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

726 E 14TH CT  
PANAMA CITY, FL 32405 US

**New Mailing Address:**

FEI Number: 59-3458256      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:**

CITY OF PANAMA CITY  
9 HARRISON AVE  
PANAMA CITY, FL 32401 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: D ( ) Delete  
Name: GAINER, TERRI A  
Address: 3002 EAST 3RD ST  
City-St-Zip: PANAMA CITY, FL 32401

Title: C ( ) Delete  
Name: CLEMONS, BARBARA  
Address: 602 BUNKERS COVE RD  
City-St-Zip: PANAMA CITY, FL 32401

Title: T ( ) Delete  
Name: CLOUD, BARBARA  
Address: 2121 LISENBAY AVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete  
Name: FLOYD, JANICE  
Address: 242 KRAFT AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: M ( ) Delete  
Name: JOHNSON, MICHAEL  
Address: 2629 W 10TH ST  
City-St-Zip: PANAMA CITY, FL 32401

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

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: MICHAEL JOHNSON

M

05/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date