2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# N97000003464

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 ( )**

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
Name: GAINER, TERRI A
Address: 3002 EAST 3RD ST
City-St-Zip: PANAMA CITY, FL 32401

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

Title: T
Name: CLOUD, BARBARA
Address: 2121 LISENBY AVE
City-St-Zip: PANAMA CITY, FL 32405

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL JOHNSON M 02/16/2010

Electronic Signature of Signing Officer or Director Date