

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006640

FILED
Mar 19, 2007
Secretary of State

Entity Name: FRIEND OF A FRIEND FOUNDATION, INC.

Current Principal Place of Business:

12450 BISCAYNE BOULEVARD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2121
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-3512446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRADY, KENNETH D
12450 BISCAYNE BOULEVARD
SUITE 1324
JACKSONVILLE, FL 32218 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: PC () Delete
Name: GRADY, KENNETH D
Address: 12450 BISCAYNE BOULEVARD SUITE 1324
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: ASH, JEANETTE M
Address: 428 S LAINER AVENUE
City-St-Zip: FORT MEADE, FL 33841

Title: VD () Delete
Name: SHUFORD, LARRY D
Address: 1820 LONGWOOD KEY DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: DANIELS, TAMMY T
Address: 4010 SCOTWOOD DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD () Delete
Name: COOPER, INONGE
Address: 12450 BISCAYNE BOULEVARD SUITE 422
City-St-Zip: JACKSONVILLE, FL 32218

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: SD (X) Change () Addition
Name: COOPER, INONGE
Address: 10692 ACADEMY PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

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: KENNETH D. GRADY

PC

03/19/2007

Electronic Signature of Signing Officer or Director

Date