

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000000992	
1. Entity Name ALICE'S FRIENDS, INC.	

Principal Place of Business 1216 N.W. 8TH AVE. GAINESVILLE FL 32601	Mailing Address 1216 N.W. 8TH AVE. GAINESVILLE FL 32601
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)	
4. FEI Number 31-1668513	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCGALLIARD, RODNEY D 1216 N.W. 8TH AVE. GAINESVILLE FL 32601	
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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	NOTE: Registered Agent signature required when changing	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D LAMME, ARY III 2721 S.W. 7TH PLACE GAINESVILLE FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D TANZER, KIM 2741 S.W. 7TH PLACE GAINESVILLE FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D HOUSEL, CHRISTINE 900 N.W. 20TH STREET GAINESVILLE FL 32603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P CHALMERS, DAVID 2740 SW 7TH PLACE GAINESVILLE FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S HOUSEL, CHRISTINE 900 NW 20TH STREET GAINESVILLE FL 32603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
T TANZER, KIM 2741 SW 7TH PLACE GAINESVILLE FL 32607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U00000803497 02/05/08-80026-032 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kim Tanzer* *KIM TANZER* *1/25/08*