

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000992

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: ALICE'S FRIENDS, INC.

**Current Principal Place of Business:**

1216 N.W. 8TH AVE.  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

1216 N.W. 8TH AVE.  
GAINESVILLE, FL 32601

**New Mailing Address:**

FEI Number: 31-1668513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGALLIARD, RODNEY D  
1216 N.W. 8TH AVE.  
GAINESVILLE, FL 32601 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: LAMME, ARY III  
Address: 2721 S.W. 7TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: TANZER, KIM  
Address: 2741 S.W. 7TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: HOUSEL, CHRISTINE  
Address: 900 N.W. 20TH STREET  
City-St-Zip: GAINESVILLE, FL 32603

Title: P ( ) Delete  
Name: CHALMERS, DAVID  
Address: 2740 SW 7TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: S ( ) Delete  
Name: HOUSEL, CHRISTINE  
Address: 900 NW 20TH STREET  
City-St-Zip: GAINESVILLE, FL 32603

Title: T ( ) Delete  
Name: TANZER, KIM  
Address: 2741 SW 7TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

**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:

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: RODNEY D. MCGALLIARD

MR.

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date