

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027817

FILED
Apr 21, 2005
Secretary of State

Entity Name: FRIEND'S ASSISTED LIVING FACILITY, INC.,

Current Principal Place of Business:

1102 ALAMEDA AVE.
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

1102 ALAMEDA AVENUE
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 86-1080751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMPBELL, IANTHY A
1102 ALAMEDA AVENUE
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

NEWTON, ETHEL S
1102 ALAMEDA AVENUE
FORT PIERCE, FL 34982 US

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: ETHEL NEWTON

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, IANTHY A
Address: 1032 MARTINIQUE AVENUE
City-St-Zip: FORT PIERCE, FL 34982 US

Title: VP () Delete
Name: MILLER, NOVLETTE F
Address: 122 ALDEA STREET
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: ST () Delete
Name: THOMPSON, MELLISSIA A
Address: 704 MAPLE AVENUE
City-St-Zip: FORT PIERCE, FL 34982 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEWTON, ETHEL S
Address: 2171 SE FLAGSTONE CT
City-St-Zip: PORT ST LUCIE, FL 34952 US

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

Title: ST (X) Change () Addition
Name: MILLER, NOVLETTE
Address: 1102 ALAMDA AVE
City-St-Zip: FORT PIERCE, FL 34982 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NONLETTE MILLER

VP

04/21/2005

Electronic Signature of Signing Officer or Director

Date