

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000011146

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC3415388815**

**Entity Name:** THE STATE OF FLORIDA OMEGA FRIENDSHIP FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

240 N MAGNOLIA DR  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

240 N MAGNOLIA DR  
TALLAHASSEE, FL 32301

**FEI Number: 80-0314764**

**Certificate of Status Desired: No**

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

CRUMP, BENJAMIN  
240 N MAGNOLIA DR  
TALLAHASSEE, FL 32301 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GRACE, GEORGE  
Address 240 N MAGNOLIA DR  
City-State-Zip: TALLAHASSEE FL 32301

Title V  
Name MILLER, DORSEY  
Address 240 N MAGNOLIA DR  
City-State-Zip: TALLAHASSEE FL 32301

Title T  
Name CRUMP, BENJAMIN  
Address 240 N MAGNOLIA DR  
City-State-Zip: TALLAHASSEE FL 32301

Title KRS  
Name MATHIS, EDGAR  
Address 240 N MAGNOLIA DR  
City-State-Zip: TALLAHASSEE FL 32301

*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: BENJAMIN CRUMP

TREASURER

03/03/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date